



# Wonca NEWS

---

JUNE • 2021



REMEMBERING  
**BARBARA  
STARFIELD**

VOL 47 | NUMBER 5

**WONCA PRESIDENT**

DR DONALD LI (HONG KONG, CHINA)  
EMAIL: [PRESIDENT@WONCA.NET](mailto:PRESIDENT@WONCA.NET)  
TWITTER: @WONCLI

**PRESIDENT-ELECT**

DR ANNA STAVDAL (NORWAY)

**EXECUTIVE MEMBER AT LARGE &  
HONORARY TREASURER**

PROF VAL WASS (UK)

**EXECUTIVE MEMBER AT LARGE &  
WHO LIAISON PERSON**

DR VIVIANA MARTINEZ- BIANCHI (USA/ARGENTINA)

**EXECUTIVE MEMBER AT LARGE**

DR PRATYUSH KUMAR (INDIA)

**REGIONAL PRESIDENT, WONCA AFRICA**

PROF SHABIR MOOSA (SOUTH AFRICA)

**REGIONAL PRESIDENT, WONCA ASIA PACIFIC**

PROF MENG-CHIH LEE (TAIWAN)

**REGIONAL PRESIDENT WONCA EAST  
MEDITERRANEAN 2021**

PROF TAGHREED MOHAMED FARAHAT (EGYPT)

**REGIONAL PRESIDENT, WONCA EUROPE**

PROF SHLOMO VINKER (ISRAEL)

**REGIONAL PRESIDENT, WONCA IBEROAMERICANA-  
CIMF**

ADJ/PROF JACQUELINE PONZO (URUGUAY)

**REGIONAL PRESIDENT, WONCA NORTH AMERICA**

PROF MARVIN REID (JAMAICA)

**REGIONAL PRESIDENT, WONCA SOUTH ASIA**

DR RAMAN KUMAR (INDIA)

**YOUNG DOCTOR REPRESENTATIVE**

DR ANA NUNES BARATA (PORTUGAL)

**WONCA CHIEF EXECUTIVE OFFICER**

DR HARRIS LYGIDAKIS

**WONCA WORLD SECRETARIAT**

WORLD ORGANIZATION OF FAMILY DOCTORS  
AVENUE DES ARTS 7-8  
1210 BRUSSELS  
BELGIUM

EMAIL: [SECRETARIAT@WONCA.NET](mailto:SECRETARIAT@WONCA.NET)

PHONE: +32 (0) 2 329 00 75

**WONCA EDITOR**

MARIA DOLORES ZAVALA

EMAIL: [EDITOR@WONCA.NET](mailto:EDITOR@WONCA.NET)

**TRANSLATIONS**

DR JIE GU

DR HUA YANG

DR JULIEN ARTIGNY

# CONTENT

FROM THE PRESIDENT	<b>PAGE 3</b>
ONLINE WONCA WORLD CONFERENCE 2021	<b>PAGE 5</b>
VITUAL GENERAL MEETING OF THE COUNCIL	<b>PAGE 6</b>
FROM THE EDITOR	<b>PAGE 7</b>
WONCA AND WHO	<b>PAGE 8</b>
74TH WORLD HEALTH ASSEMBLY	
ORGANISATIONAL NEWS AND GOVERNANCE	<b>PAGE 9</b>
CALL FOR APPLICATIONS: 2021 WONCA FOUNDATION AWARD	
REMEMBERING BARBARA STARFIELD	<b>PAGE 10</b>
WONCA WP & SIG NEWS	<b>PAGE 21</b>
EDUCATION	
FREE ACCESS ARTICLES FOR A MONTH	
MENTAL HEALTH	
MUSIC AND MENTAL HEALTH	
AGEING LINES: STORIES FROM CAREGIVERS AND ELDERLY PATIENTS	
FEATURED DOCTOR	<b>PAGE 24</b>
FEATURED STORIES	<b>PAGE 25</b>
IMPLEMENTING HIGH-QUALITY PRIMARY CARE	
WONCA CONFERENCES NEWS	<b>PAGE 27</b>
ANNOUNCEMENTS AND UPDATES	<b>PAGE 29</b>



# FROM THE PRESIDENT

All of us have had to adapt both personally and professionally during the pandemic. For some, there has been a welcome acceleration of the use of technologies. For others, an unwelcome loss of familiar and effective ways of consulting with our patients. Change is rarely straightforward. Our patients have also had to adapt, at a time when they are feeling particularly vulnerable.

One of our professional strengths is the continuous relationship we build with our patients over years, and sometimes over generations. New ways of working can sometimes disrupt those relationships.

Our relationships with our colleagues are equally important. As professionals we relish the opportunities to come together to meet and share experiences, to develop our knowledge, to consolidate friendships. We do this locally, nationally and globally. Our WONCA World conferences attract up to 5,000 participants – and at times the interaction during breaks in proceedings can be deafening! So, we obviously have plenty to say to each other.

For the first time in the history of our organisation we could not meet in person for our planned [World Council](#) and [Conference](#). This was inevitable due to the global pandemic and its continuing effects in many parts of the world. While the absence of our conference was a sad and unwelcome consequence of the pandemic, the work of our organization continued. As with many of our Member Organisations, WONCA World continued to undertake the business designated by our Council. Our Executive continued to meet, virtually, to address the issues of business. Our Chief Executive and the new Secretariat staff established themselves in our new headquarters, albeit mostly remotely.

Because of our inability to meet in person as a Council, we sought legal and technical advice and arranged a virtual [Extraordinary General Meeting \(EGM\) of Council between 11th and 16th May](#), to address the challenge of voting in person, as previously required by our Bylaws. We used all means at our disposal to inform our Member Organisations, writing to each one and alerting them through WONCA News about the plans for the [EGM](#). The process was open and transparent. The [EGM](#) provided the platform for Member Organisations to vote, allowing for different times zones, different work patterns and commitments. The [EGM](#) was preceded by two live Q&A sessions in March, chaired by me as President and Shabir Moosa as Chair of Bylaws Committee. These sessions provided opportunities for Member Organisations to clarify and question how and why we were undertaking the EGM.



I am delighted to report that, despite the unusual circumstances and the challenges being faced by many of our members, more than the required quorum logged onto the platform to vote on the issue of allowing votes to be held without the need to be together in person.

According to our Bylaws, any amendment requires ‘...an affirmative vote of at least two-thirds ( $\frac{2}{3}$ ) of the members of Council present and voting’. [The resolution to allow electronic voting was passed by a resounding majority of those who voted: 140 valid votes were cast, 130 of which were in favour of the resolution and 10 were against.](#) Our Past Presidents Amanda Howe, Michael Kidd, Rich Roberts and Chris van Weel confirmed the criteria had been met for a WONCA quorum and verified the results as accurate.

In these uncertain times we have had to find ways to continue our work, while ensuring that our Member Organisations have open and transparent participation. Now more than ever, all of us understand the need to reach out to our colleagues and friends globally. Developing innovative ways to connect and continue to work together are important steps in our recovery from such a shocking experience as the pandemic. As members of the WONCA family, please be assured that we continue to work on your behalf. The adoption of this resolution allows us all to participate and have our voices heard, irrespective of challenges we may encounter in meeting face to face.

In years and generations to come, our Member Organisations may well express bewilderment that this issue was so momentous. For those of us involved in the process, we are glad that we respected our WONCA forebearers and the diligence they invested in preparing and agreeing the way we do business. We are equally glad that our Council members have taken the opportunity to update and evolve the Bylaws to suit a modern and challenging world. We look forward to continuing the work of WONCA into our unknown but hopeful future.

Dr Donald Li,  
WONCA President

# WONCA WORLD CONFERENCE 2021 NOW FULLY ONLINE

Dear friends and colleagues,

After thoughtful discussions with many Member Organizations as well as with the WONCA Executive, it has become clear that it will not be possible to proceed with an in-person physical WONCA World conference in Abu Dhabi in November 2021.

It has been decided to bring the WONCA 2021 Scientific World Conference **fully online** to the convenience of your own screen between **22–27 November 2021**.

The virtual conference agenda will now be spread out over the week of November 22nd with a shorter 4-5 hours per day program, to ensure that content is delivered in more convenient segments. The program will include three days of pre-conference workshops and three days of conference proceedings.

Oral and Poster presentations will be available for your viewing and interaction with the presenters throughout the conference dates. Best of all, plenaries, special sessions, expert and breakout sessions will be easily accessible on-demand afterwards for all conference attendees to view at their own pace.

We believe this to be the most suitable approach for our global audience and we are excited that a virtual setting will make it possible to broaden the learning and engagement opportunities within our family medicine community at this important time.

You will be able to participate virtually in vital conversations around primary health care, as well as network and partake in interactive and engaging experiences through a dynamic virtual conference platform, including interactive exhibition features and plentiful opportunities for sponsorship exposure, all while being connected from the convenience of your home or office.

Further updates are available at [www.wonca2021.com](http://www.wonca2021.com)

We look forward to your participation and active engagement.

Kind regards,

*Dr Donald Li 李國棟*  
WONCA President

*EFMS (Emirates Family Medicine Society)*



## VIRTUAL GENERAL MEETING OF THE COUNCIL

Dear colleagues,

The pandemic has caused an unprecedented world crisis. Attendance to international events has been greatly impacted by unequal advancements in vaccinations globally, restrictions on travelling, local measures such as social distancing limiting the capacity of venues, and the obligations of quarantines for the travellers when re-entering their home country after their trip.

As much as we hoped that we could meet with all of you for the General Meeting of the Council in person in Abu Dhabi this November, it has become clear that travel restrictions will not allow us to do so. After carefully considering the circumstances, the Executive Committee of WONCA has decided to organise the General Meeting of the Council by videoconferencing techniques on **19–21 November 2021**.

We are working to ensure an accessible and transparent process for our global community. In the next weeks, we will share the call for agenda papers with you and provide you with more information on the procedures and participation. We will provide key information via email but we would also like to invite you to stay informed by following the section [Organisational News and Governance](#) of our website.

Finally, we would like to extend our appreciation to the Host Organization, the Emirates Family Medicine Society, for their efforts and collaboration.

Sincerely,

*Dr Donald Li 李國棟*  
*WONCA President*



23rd World Conference  
**Wonca**  
VIRTUAL

# FROM THE EDITOR

## WONCA NEWS JUNE IS HERE!

May and June were quite active months in the WONCA Family, especially with the celebrations of [World Family Doctor Day, on 19 May](#) and all the activities around this meaningful date; the participation of the [WONCA delegation in the 74th World Health Assembly](#), headed by Dr Viviana Martinez-Bianchi; and the multiple efforts of our Working Parties and Special Interest Groups in the past weeks. June also marks the 10th anniversary of the death of [Professor Barbara Starfield](#)—probably the most influential figure in primary care and family medicine—to whom we dedicate [this issue as a tribute to her legacy](#).

## ABOUT THIS ISSUE

WONCA NEWS June includes crucial information related to the [WONCA World Conference 2021](#). After thoughtful discussions, our Executive Committee has decided to bring this event fully ONLINE to the convenience of your screen from [22 to 27 November 2021](#). The [WONCA Virtual General Meeting](#) will take place on [19–21 November 2021](#)

Read the [official announcement about the Online WONCA World Conference 2021 here](#), and the [official announcement of our virtual Council meeting here](#).

“In these uncertain times, we have had to find ways to continue our work” — In his [column for June, WONCA President Dr Donald Li](#) describes the adaptation process and the adoption of new technologies to face Covid19 challenges and continue our mission. “[From the President](#)” discusses the details related to our [successful Extraordinary General Meeting and the voting process in which our Member Organizations participated to allow online council meetings](#).

This edition for June also contains information about the participation of the [WONCA delegation in the 74th World Health Assembly, headed by Dr Viviana Martinez-Bianchi](#); along with all the relevant news from our Working Parties and Special Interest groups, such as the latest [free access articles for a month](#), promoted by our Working Party on Education, the [new musical project of our Working Party on Mental Health](#); and the last entry of “[Ageing Lines](#)” from our [WONCA Special Interest Group on Ageing and Health](#). Our monthly [Featured Doctor](#) section is also back! This time showcasing the efforts and contributions of [Dr Hina Jawaid from Pakistan](#).

As mentioned, our June edition represents a [special tribute dedicated to Professor Barbara Starfield](#), a family medicine legend whose remarkable work and contributions positively influenced the perception of Primary Care as a fundamental element for communities’ well-being and global health. It has been a decade since Professor Starfield passed away on 10 June 2011. Today [we honour her memory and legacy with a special section full of inspiring stories, personal anecdotes and heartfelt messages from WONCA members and close colleagues](#). Here, I would like to express my gratitude to Dr Karen Kinder for her support and to everyone who made this tribute possible! Discover this emotional tribute [here](#).

Lastly, I would like to invite everyone, who one way or another, were part of [World Family Doctor Day](#) celebrations worldwide! [Please send your activities and reports regarding this important date](#), and don't miss out on the special edition dedicated to [#WFDD2021](#) in our WONCA News July!

Happy reading, and Stay Safe!

Sincerely,  
*Maria Dolores Zavala,*  
WONCA Editor



# WONCA AND WHO 74TH WORLD HEALTH ASSEMBLY

WONCA delegation was part of the 74th World Health Assembly. The WHA74 took place virtually from 24 May to 1 June 2021, in light of the ongoing COVID-19 pandemic.

During the Seventy-fourth World Health Assembly, a series of Strategic Briefings were held virtually. During these sessions, WHA delegates, experts from WHO, partner agencies, and civil society will discuss current priorities and next solutions on these vital issues for global public health.

The Delegation of WONCA was led by Dr Viviana Martinez-Bianchi. Here you will find the statements made by WONCA, with the support of: Prof Felicity Goodyear-Smith (Working Party on Research); Prof Maria-Pilar Astier-Peña (Working Party on Quality & Safety); Dr Hagit Dascal-Weichhendler, Asst Prof Nena Kopčavar Guček, and Raquel Gomez-Bravo (Special Interest Group on Family Violence).

## STATEMENT ON GLOBAL ACTION ON PATIENT SAFETY

(Agenda item 13.1, 13.5 and 13.8)

Family doctors have reinforced their role as community health referents in the pandemic. They are trusted voices in the acceptance of vaccines. Investing in primary healthcare, and family doctor led primary health care teams, is one of the most cost-effective practice governments should put in place to face future global health risks.

## CONSTITUENCY STATEMENT ON AGENDA ITEM 17 AND AGENDA ITEM 18

We call on WHO and its member states to take action to: ensure that treatments and vaccines are available to everyone everywhere; transform

COVAX into a COVID-19 Solidarity Pooling Platform; increase preparedness, and; establish a clear partnership between the politicians and the health, social, and trade unions' professionals to build public trust and engagement.

## CONSTITUENCY STATEMENT ON GLOBAL STRATEGY AND PLAN OF ACTION ON PUBLIC HEALTH, INNOVATION AND INTELLECTUAL PROPERTY

We believe that LMICs are rich in global health research opportunities, and they have the human potential to do such research themselves. We assert that primary health care (PHC) has been embracing the principle of co-design, whereby research is conducted by and for, not on key stakeholders and end-users. We call on the WHO to support member countries in LMICs to own their own research data by supporting systems that actively stop the flow of research data from poor countries to rich countries.





### RESPONSE TO THE POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES)

Primary care teams which include family doctors, are essential in the delivery of good quality, cost-effective, comprehensive, coordinated, continuous, person-centred primary care in high-, middle- and low-income countries alike. An effective approach to improving the quality of care for people with NCDs is through improved primary care delivery. WONCA recommends increasing funding at every country and region to further strengthen primary care service delivery in order to meet the growing burden of NCDs, and investing in, and supporting the recruitment, education and adequate training of a primary care workforce.

### STATEMENT ON GLOBAL PLAN OF ACTION TO STRENGTHEN THE ROLE OF THE HEALTH SYSTEM WITHIN A NATIONAL MULTISECTORAL RESPONSE TO ADDRESS INTERPERSONAL VIOLENCE

As it has been pointed out in the WHO report, the Covid-19 pandemic and measures to combat it have increased the magnitude of family/gender violence. WONCA, and its Special Interest Group on Family Violence, recognises the importance of family doctors as first point of contact for victims, as well as providers of continued multi-generational care having a crucial role in facilitating disclosure of family violence.

•→ [Read all the WONCA Statements here](#)

## ORGANISATIONAL NEWS AND GOVERNANCE



### CALL FOR APPLICATIONS

## 2021 WONCA FOUNDATION AWARD

We are delighted to launch the call for applications for the 2021 [WONCA Foundation Award](#), which aims at furthering WONCA's mission of “fostering and maintaining high standards of care in general practice/family medicine” by enabling physicians to travel to appropriate countries to instruct in general practice/family medicine, and physicians from developing countries to spend time in areas where they may develop special skills and knowledge in general practice/family medicine.

Please find the call's details [here](#).

Dr Anna Stavdal  
Chair of the Nominating and Awards Committee

Follow WONCA  
on Social Media



R E M E M B E R I N G

# BARBARA STARFIELD



Welcome to a special tribute dedicated to Professor Barbara Starfield, the most influential figure in family medicine whose remarkable work and contributions positively influenced the perception of Primary Care as a fundamental element for communities well-being and global health.

It has been a decade since Professor Starfield passed away, on 10th June, 2011. Today we honour her memory and legacy with a special section full of inspiring stories, personal anecdotes and heartfelt messages from WONCA members and close colleagues. A special thanks to Dr Karen Kinder and everyone who made this tribute possible!

“PEOPLE DO BETTER  
WITH PRIMARY CARE”

STARFIELD B, SHI L, GROVER A, MACINKO J.  
THE EFFECTS OF SPECIALIST SUPPLY ON POPULATIONS'  
HEALTH: ASSESSING THE EVIDENCE.  
[HTTP://CONTENT.HEALTHAFFAIRS.ORG/CGI/CONTENT/FULL/HLTHAFF.W5.97/DC1](http://content.healthaffairs.org/cgi/content/full/HLTHAFF.W5.97/DC1)

## ABOUT PROFESSOR BARBARA STARFIELD

Professor Barbara Starfield (1932-2011), a physician and health services researcher, was university distinguished professor and professor of health policy and pediatrics at Johns Hopkins University.

She is internationally known for her work in primary care, and her books are widely recognized as the seminal works in the field. She was instrumental in leading projects to develop important methodological tools, including the Primary Care Assessment Tool (PCAT), the CHIP tools (to assess adolescent and child health

and the Johns Hopkins Adjusted Clinical Groups (ACGs) for assessment of diagnosed morbidity burdens reflecting degrees of co-morbidity.

She was the co-founder and first president of the International Society for Equity in Health, a scientific organization devoted to dissemination of knowledge about the determinants of inequity in health and ways to eliminate them. Her work focused on quality of care, health status assessment, primary care evaluation, and equity in health. She was a member of the Institute of Medicine, serving on its governing council.

REMEMBERING

# BARBARA STARFIELD

## The Legend & The Lady

by WONCA President, Dr Donald Li



Many of us in WONCA have Barbara Starfield stories. Most recall her humour and her passion, her advocacy for primary care and her belief in the use of evidence to prove her point. For any one of the WONCA family who has undertaken research at any stage in our careers, references to Barbara Starfield's findings are scattered throughout the papers.

We grew to depend on her – and her loyal team of students and mentees – to help us make the case for improved policies, reforms to primary care and establishment and improvement of equity in health systems. For many of us who believed in the power of comprehensive, quality, primary care delivering better health outcomes, her work convinced us that the evidence was there to support that belief.

We also established the Barbara Starfield Memorial Lecture, which is held at each World Conference, conferring a great honour on those chosen to give the lecture. The posthumous award of a WONCA Fellowship to Barbara, gave our then President, Rich Roberts, the opportunity to give a very personal and heartfelt eulogy about her life and work to the audience of her primary care friends, at the 2013 WONCA World Conference.

To say that Barbara Starfield was a good friend to family medicine is a huge understatement. Her rigorous research, speaking truth to power about the practical beneficial impact of good quality primary care, and her persistence in delivering her evidence-based message ensured that the debate about the efficacy of primary care is no longer in question.

“ THE WONCA FAMILY WERE SHOCKED AND DEEPLY SADDENED WHEN BARBARA STARFIELD DIED TEN YEARS AGO.

WE RECOGNISED THE LOSS OF A PRIMARY CARE GIANT.



DR DONALD LI  
WONCA PRESIDENT

The question now is ‘how do we ensure good primary care is available globally, leaving no-one behind?’ To do Barbara’s memory justice, that is our goal.

We also recognised that her legacy would live on in the multiple thousands of us who had taken her advice to push the boundaries of family medicine and primary care, to take the initiative in global and national policy development, to dare to take the lead. To make sure that it is easy for our members to access Barbara’s extensive catalogue of work, WONCA created a specific resource on its website, which can be accessed here.

And my Barbara Starfield story? My favourite memory of her is at the WONCA Asia Pacific Regional Conference in Cebu in 2011. Barbara was the keynote speaker, inspiring as ever. But each morning, early, we swam lengths at the same time in the pool, enjoying the peace and quiet before the work and busyness of the day. A time of exercise and quiet reflection.

REMEMBERING

# BARBARA STARFIELD

## Starfield's Legacy: Integration of Primary Care and Public Health

by Dr Anna Stavdal, WONCA President-Elect



In 2009 Barbara Starfield was the star guest speaker at The Nordic Congress in Copenhagen, Denmark.

After her keynote she chaired a workshop, it was by far the most popular of the parallel sessions. People were sitting on the floor and on the window sills, they even crowded outside the room listening, when there were no space left inside. Looking back, it reminds me of a master class with a virtuoso in music. Questions were asked by the audience, and she improvised. Consistent, pedagogic, and tailored to the Nordic context.

The workshop focused on the overlap between primary care and public health. What I took home from the workshop with Barbara in Copenhagen is this:

A prime task for family doctors, - in addition to diagnosing and treating, is to identify the needs of the community she is serving and convey this knowledge to policy makers and public health professionals. Synergies emerge where siloed, disease specific Public Health programs are integrated with the longitudinal and continuous primary care.

The vertical, public health projects are carried out by primary care professionals. They live and work in their communities, and hold people`s trust. Trust is key, and a prerequisite to make people follow advice. Involvement of the local communities is another requirement to achieve people`s support to preventive programs and to create synergies.

In a paper in *Milbank Quarterly*, a journal on [Population Health and Health Policy in 2005](#), Barbara and co- authors described the [Rationale of Primary Care for Health](#).

*“Six mechanisms, alone and in combination, may account for the beneficial impact of primary care on population health. They are (1) greater access to needed services, (2) better quality of care, (3) a greater focus on prevention, (4) early management of health problems, (5) the cumulative effect of the main primary care delivery characteristics, and (6) the role of primary care in reducing unnecessary and potentially harmful specialist care.”*

The ongoing COVID 19 pandemic has proved that strong primary care is a requirement to ensure preparedness in health systems, and to build resilient systems. Barbara Starfield gave us an overwhelming amount of evidence which should guide policy makers and health professionals on the way forward in planning for future health systems. She paved the way for researchers who have reproduced her findings over the years that have followed, and still do, not least through the current pandemic.

I was fortunate to meet Barbara Starfield several times, she even visited the annual family medicine conference in Norway many years back.



Let's take the opportunity which is given us in the current situation, to advocate for primary care and integration of primary care and public health. That is the best way we can honour Barbara Starfield's legacy.

“ALWAYS WILLING TO **SHARE,** AND SHOWING RESPECT FOR THE LOCAL CONTEXT. SHE GAVE **SO MUCH** TO THE COMMUNITY OF FAMILY MEDICINE **GLOBALLY.**”



DR ANNA STAVDAL  
WONCA PRESIDENT-ELECT

Dr Anna Stavdal  
WONCA President-Elect

REMEMBERING

# BARBARA STARFIELD

It's been a long time without you, my friend

by Dr Karen Kinder, Long-time colleague, mentee & friend



Dear Barbara,

It has been 10 years since we last spoke. I miss the conversations during our many walks which I treasured. A lot has happened since then!

For instance, “population health” has become an approach many health care organisations worldwide embrace. Despite the fact that Obama was able to enact the Affordable Care Act the US health systems remain fragmented, many millions remain uninsured, and we remain a long way off from having a single-payer system as you favored. By the way, the term “managed care” has now migrated into “integrated care”. I actually like the evolution as it embraces more professions, sectors, and facets of care. Additionally, there has been increased focus on the role of community in the delivery of primary care. Integrated care is also more inclusive of the patient and the caregivers – a concept I know was close to your heart. All good.

The delivery of health care has arrived in the information age and “big data” has become the latest trend resulting in a tsunami of data. This has come about to a large extent due to “social media” which captures individuals’ every move whether they want it or not. Then there is the internet which enables armchair “doctor-wannabes” to offer treatments of questionable value. Patients arrive for a doctor’s appointment with a ream of information which necessitates a new role for family doctors to help patients discern what is valid advice from what is quackery.

There has also been an expansion in the use of eHealth solutions– electronic medical records, wearable vital sign monitors, use of computers for virtual consultations, cell phone apps which ensure patients are connected to their clinicians and the list goes on. The conundrum is that there is limited analysis done with this plethora of data and concerns remain regarding governance issues, such as who owns the data, data security

And now we find ourselves in the middle of a global pandemic... yes, exactly what you and I talked about. Yet, unfortunately, it didn't turn out the way you and I envisioned. The pandemic exposed all the gaps in the system – and the lack of reliance on primary care to test, triage, coordinate follow-up care, and administer vaccines. People are getting their shots in drive-through vaccine centers like they would pick up a hamburger from McDonalds.

In most countries, there was limited or no coordination with public health efforts. Instead, individuals bypassed their primary care practice and were more likely to go straight to hospital. The avoidance of primary care practices also resulted in delayed visits for routine check-ups and well-child visits, not to mention the strain it put on the financial (and mental) well-being of family doctors. You would be exasperated as am I and as are many of our colleagues. There will be many uncomfortable conversations needed to secure the primacy of family doctors in the delivery of health care underscoring their role as the “first-contact”, and to involve them in the drafting of future pandemic plans. I trust that you have heard from your husband, Tony, regarding the absurdities of the Trump administration. Actually, [Tony wrote an excellent commentary on this topic.](#)

Despite the challenges, there has been progress in raising the importance of primary care ---

In recognition of the 40th anniversary of the signing of the Alma-Ata Declaration, the Global Conference on Primary Health Care took place in Astana, Kazakhstan in October 2018 and I had the honor to attend on behalf of the WHO.

To affirm the commitments to primary health care the Declaration of Astana was signed by member states. There was understandable frustration from the family doctors since they were not named explicitly. This was a result of the determination by signatories that it was better not to name professions and risk leaving someone out, however, I share family doctors' understandable disappointment. To date, this

hasn't proven to diminish their desire to continue to advocate for primary care.

I believe you would approve of the definitions of primary health care and primary care, which were drafted along with the declaration, since they were written with your words in forefront. It is now up to all of us to be consistent in using these definitions to ensure they become engrained in the ongoing vernacular.

In addition, the World Health Organization has set up a Special Program on Primary Health Care based on the premise - “PHC, because it is about how best to provide health care and services to everyone, everywhere, is the most efficient and effective way to achieve health for all.” (WHO website, accessed June 5, 2021). The WHO has also developed a PHC Monitoring and Evaluation Conceptual Framework along with associated indicators. Projects which I had the privilege to contribute to. It remains to be seen whether this will manifest a true impetus for primary care strengthening.

Speaking of assessing primary care, the PCATs are still alive and well. Our friends in Latin America have developed an Iberoamerica version (IA-PCAT) which harmonizes and updates the existing versions in use in the region. So, we are on our way toward a universal PCAT version.

There has also been an increased recognition that to achieve Universal Health Coverage (UHC) “which means that all people have access to the health services they need, when and where they need them, without financial hardship” (WHO website, accessed June 5, 2021), a strong, robust PHC approach is needed. To be sustainable and resilient, the house of health cannot be built on sand which shifts based on donors' fancy, but stand on the holistic values of primary health care.



And you will be pleased to learn that WONCA World elected its first female president and the current president-elect is also a woman. (high-five).

Many individuals you are familiar with have risen to the occasion. They have been joined by many others from a new generation. All continue to shout out the need for a solid foundation to support the columns of vertical programs.

All said, primary care is more than just surviving, it is gaining strength. Sometimes those of us close to the fight don't appreciate the progress that has been made. After all, it is a slow arduous journey and there remains much to be done. One thing which is needed is an increase in the voice of family doctors in critical health policy decision making with a goal to restructure health care systems such that family doctors are the first-contact a patient has with the health care system

providing comprehensive care, the coordinators of patients' care both within the primary care setting as well as across the health care spectrum, and the long-term companion of patients and their caregivers. I wonder what your thoughts would be to add a sixth "C" – "offering care in the context of the Community"?

I was blessed that Normalie stayed with me for many years. In the meantime, she has since retired and is doing fine. She said to say hello.

It has been an encouraging 10 years and there is so much more to share with you, but this letter is already long enough. I look forward to filling you in more fully next time.

“ YOU ARE MISSED. WITH THAT SAID, KNOW THAT YOUR GUIDING HAND IS STILL STRONGLY FELT IN OUR ONGOING WORK. YOU WOULD BE PROUD. ”



DR KAREN KINDER  
LONG-TIME COLLEAGUE, MENTEE, AND FRIEND OF BARBARA

Sincerely yours,  
Karen

REMEMBERING

# BARBARA STARFIELD

A Primary Care and Family Medicine  
Champion

by WONCA Past President, Dr Richard Roberts



The telephone rang loudly, propelling me out of bed. The bedside clock glowed 01:00. Like a triple jumper, I hopped over the cushions scattered across the Orlando hotel room floor on which slept our four young children. I grabbed the desktop phone and growled, “Hello?!” The voice at the other end replied, “Hello. Dr Roberts? This is Barbara Starfield. Congratulations on becoming the next President of the American Academy of Family Physicians. If you have a few moments, I’d like to share with you what family doctors need to do better.”

I was tempted to tell her that it was too late to talk. (I was in Florida; she was in California where it was ten in the evening). My next thought was to ask who was she to tell me what was wrong with family doctors. I knew that she had trained as a pediatrician, worked as a health services researcher, and taught at Johns Hopkins, which had no department of Family Medicine at its medical school. What could she know about family doctors?

Fortunately, I was awake enough to know it was best to suppress those initial thoughts. Instead, I kept quiet and listened. It was one of the better decisions of my professional life. That first conversation led to a cherished mentor-like relationship with Barbara that continued until her death 12 years later.

What was it that Barbara said that night? She expressed concern about decreases in continuity of care and scope of practice among family doctors.

Her studies of healthcare systems around the world convinced her that the best systems are built on a solid foundation of primary care.

Furthermore, it was family doctors who made for the best primary care systems. What made family doctors so important, she told me many times, was their continuity relationships with, and broad range of services provided to, the patients under their care.

She believed that continuity relationships with patients promote trust and better appreciation for each person’s unique life story, making for more patient-centered care. More comprehensive services increase the chance that people will actually get the most appropriate services they need, with less risk of under- or over-utilization. Continuity offers more opportunities to provide more comprehensive care, which in turn increases trust and strengthens the relationship – a virtuous circle results.

Barbara was always busy with more studies to conduct, publications to write, students to teach, and policymakers to persuade. Even into her late seventies, she traveled constantly around the globe.





“ SHE WILL **BE REMEMBERED** BY THE ACOLYTES SHE TRAINED, THE SCIENCE SHE PRODUCED ON THE VALUE OF **PRIMARY CARE**, AND THE HEALTH SYSTEMS SHE **IMPROVED** BY HER RECOMMENDATIONS. ”



DR RICHARD ROBERTS  
WONCA PAST PRESIDENT

It was my sad duty in June 2011 to report [the news of Barbara’s death to the WONCA global community \(1\)](#). Ironically, even her death served as a reminder of the hazards of care that is not truly patient-centered, as her husband [Tony eloquently wrote \(2\)](#).

Primary care and Family Medicine had no better champion and friend. I miss her.

Dr Richard Roberts,  
WONCA Past President

R E M E M B E R I N G

# BARBARA STARFIELD

## A Tribute to Barbara Starfield

by WONCA Past President, Prof Chris van Weel



The first encounter I had with Barbara Starfield – and I think many in European primary care – was in 1994, when she published her paper ‘Is primary care essential?’ in the Lancet. It was what we now would call a virtual meeting, but virtual with an impact that still can be felt today.

The stronger the role of primary care in the health system, the better the population health was; and with primary care’s strong role in the health system health costs were lower.

“ HER PAPER PRESENTED **EVIDENCE** IN A DOMAIN WHERE NO SOUND EVIDENCE AT THE TIME WAS **AVAILABLE**: ON THE CONTRIBUTION OF **PRIMARY CARE** TO THE HEALTH OF POPULATIONS, AND TO THE FUNCTIONING OF HEALTH SYSTEMS. ”



PROF. CHRIS VAN WEEL  
WONCA PAST PRESIDENT

This evidence could not have come at a better moment: it supported the WHO policy of Alma Ata – still on the health policy agenda at that time – and it supported the process of integration of European primary care that had already been triggered by the political integration after the fall of the Iron Curtain in 1989. Until that moment, primary care operated in countries with each their own health system, and international exchanges were mainly directed at explaining and understanding how their roles differed.

Now, with the Lancet evidence at hand, primary care had a common external marker of its success: with a central role in the health system, primary care was core function to create the values of the system to improve health of individuals and populations and at the same time contain precious health costs.

Ten years later, my virtual meeting with Barbara was matched with a meeting in person, when she gave a keynote lecture at the WONCA 2004 World Conference in Orlando. This meeting made it clear that her work had had a similar impact in other parts of the world as it had made in Europe. I had the privilege of introducing her as keynote speaker, no need to say that her lecture,

in front of a large attendance in the main hall went down very well. As expected it was followed by an intensive discussion that could have go on for the better part of the conference. The organizers had anticipated this, and we had arranged separate meeting in facilities aside to allow the discussions with a core group of interested delegates to continue there, while the conference program could continue.

So, after pushing our way through the crowd, Barbara and I found ourselves back in a nice, cosy small meeting room filled with the better part of the attendees from the main hall. As improvisation is an essential skill in primary care, we found a way to satisfy most of their questions. This occasion stands-out in my memory as one of the best post-keynote discussions at WONCA.

After 2004 Barbara became a regular contributor to WONCA meetings and conferences. Her sudden death in 2011 was a devastating shock, but her legacy lives-on until this day and is still as refreshing as it was in 1994.

Prof Chris van Weel,  
WONCA Past President

“ A GOOD RELATIONSHIP WITH A FREELY CHOSEN PRIMARY DOCTOR  
PREFERABLY OVER SEVERAL YEARS, IS ASSOCIATED WITH  
BETTER HEALTH CARE  
MORE ADAPTED HEALTH CARE , AND MUCH  
LOWER HEALTH COSTS. ”

STARFIELD, B., SHI, L., & MACINKO, J. (2005).  
CONTRIBUTION OF PRIMARY CARE TO HEALTH SYSTEMS AND HEALTH.  
THE MILBANK QUARTERLY, 83(3), 457-502.  
[HTTPS://DOI.ORG/10.1111/J.1468-0009.2005.00409.X1](https://doi.org/10.1111/j.1468-0009.2005.00409.x1)

# MESSAGES FROM THE WONCA FAMILY



*Barbara Starfield has been an inspiration to all healthcare professionals, namely to the ones who have chosen to follow the path of Primary Care.*

*As young doctor she encourages us with her legacy - the importance of seeking the best in us. Her passion, innovative spirit and scientific work supports the importance of Primary Care as a pillar for Universal Health Care.*

*Thank you forever for your work.*

DR ANA NUNES BARATA,  
YOUNG DOCTOR REPRESENTATIVE



*I have always regretted not getting involved earlier in WONCA to be able to meet Barbara Starfield. I understand that she was always at key WONCA meetings and supporting the efforts of family doctors. Her ability to produce strong evidence for the value of family physicians has yet to be emulated. Her definition of good quality primary care as first contact care that is comprehensive, continuous and coordinated remains in strong use, even in Africa. It is ten years since our loss of this amazing person, and we still miss her*

PROF. SHABIR MOOSA  
, PRESIDENT, WONCA, AFRICA REGION.



*Starfield's legacy is high-valued by primary care providers (PCPs). Her scholarship advanced the recognition of the essential work we do. Now, building on her steps, there is an urgent need to recognise the crucial role we already play to keep people healthy on a healthy the planet as evidence suggests that Primary Care based Healthcare systems are more effective, optimising health with a lower ecological footprint.*

*Mounting evidence suggests PCPs can play an even stronger role with simple evidence-based advice such as reducing red meat, choosing active transportation, avoiding air pollution - with significant co-benefits for patients and the planet. When appropriate, I have done this at my clinic, and I like to call it one minute for the planet - when in fact, it may take only ten seconds.*

*Please see our comment on [Planetary Health and Barbara Starfield's Legacy in the BMJ Global Health Blog](#).*

DR ENRIQUE FALCETO DE BARROS  
WONCA WORKING PARTY ON THE ENVIRONMENT



# MESSAGES FROM THE WONCA FAMILY



*At a time when doctors, health workers and other frontline workers are being called "warriors" who are battling the second wave of the Covid19 pandemic, one cannot stop thinking about the work Barbara has done.*

*She avidly advocated towards strengthening primary health care, equitable distribution of resources, such as adequate health workforce, infrastructure and vaccination, accessible even in the remote and rural areas.*

*Come to think of it: if every government executed what she advised, we would have been much better prepared to fight this pandemic. She was a woman ahead of her times and has laid a path for all to follow.*

DR PRATYUSH KUMAR,  
WONCA EXECUTIVE MEMBER-AT-LARGE,  
CHAIR - WONCA RURAL SOUTH ASIA



*I didn't have the opportunity to meet Barbara Starfield in person, but I am sure all of us who are working in the area of primary care are inspired by her monumental contribution to bringing evidence and credibility to the domain of family medicine and primary care. Her work is the foundation on which primary care research and academics stand and continue to grow.*

DR RAMAN KUMAR,  
PRESIDENT WONCA SOUTH ASIA



*Prof. Barbara Starfield wrote: "This evidence shows that primary care helps prevent illness and death, regardless of whether the care is characterized by supply of primary care physicians, a relationship with a source of primary care, or the receipt of important features of primary care. The evidence also shows that primary care (in contrast to speciality care) is associated with a more equitable distribution of health in populations, a finding that holds in both cross-national and within-national studies.*

*Prof. Starfield gave us many years ago the scientific evidence that health care systems with strong primary care and family medicine are doing better. Time has come to repeat this important scientific work and to gather new and updated evidence, as we all believe that it is still true today.*

DR SHLOMO VINKER,  
PRESIDENT, WONCA EUROPE



## WONCA WP & SIG NEWS

### EDUCATION

#### FREE ACCESS ARTICLES

## EDUCATION FOR PRIMARY CARE UPDATE: FREE ACCESS ARTICLES MAY-JUNE

The May - June issue: 32:3 is NOW ONLINE with the usual wide range of articles and offering FREE ACCESS for a month to an interesting article about Service learning: Medical students as service learners: opportunities, risks and recommendations by Felicity Lalloo, Nichola Hawkins, Rachel Lindley & Sonia Kumar.

#### ALSO OPEN ACCESS TO LATEST ARTICLES:

- Lefroy et al: Can learning from workplace feedback be enhanced by reflective writing? A realist evaluation in UK undergraduate medical education. Read the full article here.
- Hashem et al on Incorporating the interaction between health and work into the undergraduate medical curriculum. Read the full article here.

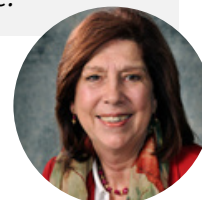
- Dutta et al Promoting cultural diversity and inclusion in undergraduate primary care education. Read the full article here.

- Taggar et al: Clinical placements in General Practice: concepts and considerations of implementing remote virtual placements in the COVID world

Read the full article here.

➔ [Discover all the FREE ACCESS Articles here](#)

*Prof Val Wass, Chair WONCA Working Party on Education, updates on the latest open access items in Education for Primary Care.*



### MENTAL HEALTH

## DISCOVER THE NEW MUSIC AND MENTAL HEALTH PROJECT

Discover the new “Music and Mental Health Project”, an effort of the WONCA Working Party for Mental Health led by Alfredo de Oliveira Neto (Brazil), Arnab Chowdhury (India) and Moisés Nunes (Brazil) that seeks to mitigate through music the psychosocial effects posed by the COVID19.

Creator Alfredo de Oliveira Neto writes about the project here:

*The Music and Mental Health Project emerged from conversations at the WONCA Working Party for Mental Health from the challenges posed by the COVID19 pandemic and the production of virtual projects.*

*My experience as a musician includes 13 years in a band that brings together mental health patients and health professionals called Harmonia Enlouquece (Harmony gets Crazy) in Rio de Janeiro /Brazil.*

## WONCA WP & SIG NEWS

Therefore, with the help of Chris Dorwick, Chair of WPMH - WONCA, I designed the project aiming to map similar musical groups around the world.

Starting on Google Forms, we were able to map 30 projects in 14 different countries worldwide in October 2020.

After setting a WhatsApp group, we held some meetings and set up a Live with three music and mental health experiences and compose one distance music about psychosocial suffering in the pandemic, a hopeful song.

Arnab Chowdhury (India), Moisés Nunes (Brazil), and I composed and recorded remotely "Tone of Mind". We also produced a teaser for the event with WPMH members singing verses from The Beatles' Here Comes the Sun.

The event's teaser and Tone of Mind video were produced by Media East Productions Company in the Philippines, with the support of Helen Sigua, family physician, WPMH member, who was essential for the project's realization.

Check out our three music and mental health experiences (Brazil, Australia and India) and the official launch of our music video "Tone of Mind" on June 26, 12 pm UTC! Join [HERE](#).

We hope to continue our efforts and unify through music in upcoming projects at WONCA Working Party on Mental Health to alleviate some of this excess of psychosocial suffering globally.

- ➔ [Watch Music and Mental Health Teaser](#)
- ➔ [Join the song release on 26th June 2021](#)



**JUN 26 12H UTC** | **MUSIC AND MENTAL HEALTH LIVE + SONG RELEASE ("TONE OF MIND") WORKING PARTY FOR MENTAL HEALTH - WONCA**

ALFREDO DE OLIVEIRA NETO FAMILY PHYSICIAN, PROFESSOR AT FEDERAL UNIVERSITY OF RIO DE JANEIRO	ARNAB BISHNU CHOWDHURY COMPOSER, THERAPIST, TEACHER, 3RD GENERATION MUSICIAN	BRAD KELLY COMMUNITY RESOURCE CENTRE COORDINATOR
HARMONIA ENLOUQUECE - "HARMONY GETS CRAZY BAND" RIO DE JANEIRO / BRAZIL	FOUNDER - "KNOW YOUR RHYTHM" PONDICHERRY / INDIA	SPINIFEX / DESERT STARS BAND TJUNTJUNTJARA COMMUNITY / AUSTRALIA

[HTTPS://MEET.GOOGLE.COM/PVJ-EATH-ZAW](https://meet.google.com/PVJ-EATH-ZAW)



## WONCA WP & SIG NEWS

### AGEING & HEALTH

## AGEING LINES: STORIES FROM CAREGIVERS AND ELDERLY PATIENTS

This is a space dedicated to caregivers and elderly patients, created with anonymous collaborations from the WONCA Special Interest Group on Ageing and Health. This section includes inspiring anecdotes for the simple purpose of adding value and quality to older patient's lives.

#### LEVERAGING TECHNOLOGY TO DELIVER CARE TO SENIORS DURING THE COVID19 PANDEMIC

*Contributed by SingHealth Polyclinics, Singapore*

*The Covid19 pandemic has resulted in the widespread adoption of telemedicine. In Singapore, Family Physicians in SingHealth Polyclinics similarly adopted telehealth to complement patient care through the use of video consultation. Since August 2020, video consultation has replaced some physical visits for the elderly patients of two SingHealth Polyclinics, enabling them to have continuity of quality care in the safety of their own homes, reducing their exposure to the coronavirus. After the video consultation, medication for their chronic conditions would be delivered to their homes. Video consultations also provide the advantages of convenience, reduced travelling and waiting times.*

*However, many seniors are not IT-savvy and do not have access to the necessary Internet-enabled devices. To overcome these barriers, our partners at senior activity centres located near the homes of these patients, as well as community nurses, were roped in to facilitate the video consultations at the centres or in the patients' homes. Volunteers were also deployed to deliver the necessary equipment for video consultation, such as iPads and blood pressure monitors, to the senior's homes.*

*These volunteers also took the opportunity to train the seniors and their caregivers in the use of technology so they can participate in video consultations on their own.*

•➔ [Read all previous entries of Ageing Lines.](#)



*Elderly having video consultation with a SingHealth Polyclinics Family Physician at the comfort of a senior activity centre near his home.*



*SingHealth Polyclinics Family Physician doing video consultation with the elderly patient in the polyclinic.*

## FEATURED DOCTOR

### PAKISTAN

# DR HINA JAWAID

I am working as Assistant Professor in Family Medicine at University of Health Sciences (UHS) Lahore, Pakistan.

In terms of qualifications, I have membership of Royal College of General Practitioners (MRCGP) UK. In addition to working in Pakistan I have clinical experience of working in the NHS and have maintained a portfolio of supporting information, professional knowledge & skills.

I hold an MRCS from Royal College of Physicians and Surgeons Glasgow & MSc in Surgical Sciences from University College London, the latter although intensive 1 year programme but provided a structured approach to research.

I was fortunate enough to have inspirational mentors during both surgical and general practice training. My surgical training experience certainly helped me with my career as GP.

Since joining the office at UHS, I have worked with the government in areas like:

- a) promoting awareness about well functioning primary care.
- b) need of training medical officers in primary care facilities (public sector).
- c) antibiotic stewardship - developed online proforma to collect data on cultures/ sensitivity results, antibiotics used as inpatients etc.
- d) injection safety - focuses on injection "misuse" & "overuse".

e) managing telemedicine centre during the first wave of COVID19 pandemic where qualified family physicians not only supervised young trainee doctors who volunteered but also provided assistance to the government .

f) raising public awareness through newspaper article writing on issues like addressing myths related to breast cancer, how the transmission of hepatitis B,C & HIV is linked with unnecessary and unsafe injection use.

Furthermore current projects in telemedicine, childhood malnutrition and breast cancer screening are not only promoting evidence based medicine and research in primary care but also help me get engaged with a diverse group of people.

I like travelling and painting in my spare time.





## FEATURED STORIES

### Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care



A recent, national report on primary care in the United States of America finds that primary care is foundational to the health care system and critical to achieving health equity. The report, [Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care](#), was published May 4th by the National Academies of Sciences, Engineering, and Medicine. The report was inspired by the Declaration of Astana and the resulting global effort to prioritize Primary Health Care. Several international advisors supported the planning committee for the consensus study, including WONCA past-presidents Chris van Weel and Michael Kidd.

The report builds on the 1996 Institute of Medicine report, [Primary Care in a New Era](#), for which Barbara Starfield was a contributor. An initial effort of the committee was to revisit and update the definition of primary care and produced this revision:

*High-quality primary care is the provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams who are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities.*

The new report was not asked to relitigate the evidence for primary care but to update it and build on it. Some of the high-level findings:

- Primary care provides more than one-third of all health care visits and more than half of all outpatient visits in the U.S., but it faces chronic underinvestment, has no federal coordinating capacity, no dedicated research support, a shrinking workforce pipeline, and remains inaccessible to large portions of the population.
- Access to high quality primary care leads to a healthier population and more equitable outcomes; no other part of health care can make this claim.
- Primary care has no champion at the federal level which is likely the reason that it was not featured in the national epidemic plans and why primary care was not a part of the national COVID19 pandemic strategies. The report highlights that failure to incorporate primary care in pandemic response delayed necessary care and slowed vaccination in underserved, rural, and skeptical communities.

For these reasons, the Committee declared that primary care should be a common good, available to all individuals in the U.S., regardless of insurance status. As a common good, it should be promoted with responsible public policies and private sector action and be sufficiently resourced to drive health equity.



The committee set five implementation objectives to make high-quality primary care available to all people living in the United States:

1. Pay for primary care teams to care for people, not doctors to deliver services.
2. Ensure that high-quality primary care is available to every individual and family in every community.
3. Train primary care teams where people live and work.
4. Design information technology that serves the patient, family, and the interprofessional care team.
5. Ensure that high-quality primary care is implemented in the United States.

Regarding the lack of a federal government primary care champion, the committee’s implementation objective calls for the creation of a Secretary’s Council for Primary under the auspices of the Secretary for Health and Human Services. It also calls for a Primary Care Advisory Committee to help the Council establish its priority agenda and to hold it accountable.

The sixteen recommendations under each of these objectives and further details are available on the National Academies [website](#). A series of 90-minute [workshops](#) featuring each of the five objectives will be held every Tuesday in June. A presentation of the report hosted by the Harvard Center for Primary Care can be found [here](#).

Robert L. Phillips, Jr., MD MSPH  
 Founding Executive Director  
 American Board of Family Medicine Foundatio



**5 Objectives for Achieving High-Quality Primary Care**

**1 PAYMENT**  
 Pay for primary care teams to care for people, not doctors to deliver services.

**2 ACCESS**  
 Ensure that high-quality primary care is available to every individual and family in every community.

**3 WORKFORCE**  
 Train primary care teams where people live and work.

**4 DIGITAL HEALTH**  
 Design information technology that serves the patient, family, and interprofessional care team.

**5 ACCOUNTABILITY**  
 Ensure that high-quality primary care is implemented in the United States.

## WONCA CONFERENCES

### SAVE YOUR SPOT FOR WONCA EUROPE 2021

Due to the international COVID-19 crisis the conference in 2021 will be fully virtual. We aim to keep the vibrant atmosphere of physical conferences and to inspire you with highly qualified speakers and an attractive scientific programme, exploring the latest developments in family medicine. The topic of this year's conference is "Practicing Person Centred Care", find out more about what you can expect here.

The scientific programme of the 26th WONCA Europe Conference is specifically designed to maximize the experience of every delegate. The Conference will have many different sessions formats and we are confident that everyone will be able to enjoy the stimulating content from the comfort of their home or workplace. Two of the session formats to watch out for are:

- **Plenary sessions** – with a strong focus on clinical practice, these lectures will be delivered by leading physicians, scientists, and other general practice professionals. They will cover the major topics of the Conference theme and have been developed in collaboration with Special Interest Groups and Networks of WONCA. Some of the confirmed speakers are: Glyn Elwyn, Carlos Martins, Cees Hertogh, Lieve Peremans and Henk van Weert.

- **Round table sessions** – large educational workshops involving 500 participants who are encouraged to learn and exchange knowledge in small break out rooms of max. 10 attendees.

The cohesive sessions will be built around clinical topics that are linked to non-clinical topics such as cardiovascular risk management and shared decision making, respiratory diseases and health skills, or elderly care and prevention of overdiagnosis. The impact of COVID-19 on GP health and primary care services will also receive ample attention.

Find out more about WONCA Europe 2021 Virtual Conference by visiting our website and make sure you save your spot for Europe's Top Conference for General Practitioners!

**1000+ SUBMITTED ABSTRACTS from 60+ COUNTRIES**



**26<sup>th</sup> WONCA  
Europe Conference**

**Virtual  
6-10 July 2021**



## WONCA CONFERENCES

### WONCA CIMF - 7º IBEROAMERICAN CONFERENCE / FIRST WORLD CONFERENCE OF PLANETARY HEALTH

From August 19 to 22, 2021, the Brazilian Society of Family and Community Medicine (SBMFC) and the Ibero-American Confederation of Family Medicine (CIMF) will host the 7th Iberoamerican Familiar Medicine Conference, 16th Brazilian Family and Community Medicine Conference and the 1st WONCA Planetary Health Conference.

The Ibero-American Conference slogan, created before the SARS COV-2 crisis, gained strength and importance, especially now, in the middle of the COVID-19 pandemic:

*"Health and sustainability: from the environmental to the health systems"* is a call to reflection and action.

In the XXI century, it is impossible to continue to think of health as an individual issue or isolated from the environment. Humans and Earth are part of the same ecosystem, our only ecosystem, our only house.

Now, Family Medicine has a unique opportunity to share worldwide, in and out of health systems, the possibilities of this speciality to improve care quality and ensure health for all.

WONCA CIMF invites you to be part of these joint events.

The program will focus on the central theme Health and Sustainability: From the environment to health systems.

The 100% online event allows people from all over the world to participate, without missing out on health teams when they are essential in serving the population in the context of the Covid-19 pandemic. All activities will also be available 40 days after the event to be revisited or for those who do not have the opportunity to participate simultaneously.

Some actions of the congress are guided by the UNITED NATIONS 17 Sustainable Development Goals. As of April, 1.2 ton were already delivered, as a result of the first 1,200 participants already registered. Other actions, such as the donation of school supplies, are also planned as new registration are completed. Come with us to build a better world!

Register now!

The information available in English, Portuguese and Spanish [here!](#)

7º CIMF / 16º CBMFC  
1ª CONFERÊNCIA MUNDIAL DE SAÚDE PLANETÁRIA DA WONCA

MEDICINA DE FAMÍLIA E COMUNIDADE  
SAÚDE E SUSTENTABILIDADE: DO MEIO AMBIENTE AOS SISTEMAS DE SAÚDE

EVENTO ONLINE

GARANTA JÁ SUA INSCRIÇÃO COM DESCONTO

19-22  
AGOSTO 2021

## ANNOUNCEMENTS AND UPDATES

### HONG KONG PRIMARY CARE CONFERENCE 2021

The Hong Kong College of Family Physicians is delighted to invite you to the Hong Kong Primary Care Conference 2021, to be held online on 30 July – 1 August 2021 (Friday – Sunday).

The 2021 theme is "Our Finest Hour: Stride through the Storm" to highlight the need for resilient and strong primary health care systems to safeguard the health of people and communities worldwide.

After the HKPCC 2020 digital conference success, with over 700 participants from the primary care community, the 2021 edition will continue to provide an educational and inspiring experience for its delegates with a range of live and on-demand sessions with plenary and seminar

speakers, including evaluation of the challenges of COVID-19, clinical updates, research education and more.

Find more information at the [Hong Kong Primary Care Conference 2021](#) website and register [here](#).



### INTERNATIONAL COVID19 SURVEY DEPT OF GP & PRIMARY HEALTH CARE, UNIVERSITY OF AUCKLAND

The Department of General Practice & Primary Health Care, University of Auckland invite participants to fill the PHC COVID-19 follow-up Survey. The aim is to look at the involvement of primary care in your country's COVID-19 response over the past year.

✓ Find more information and take the survey [here](#).



### THINKING OF AN INTERNATIONAL POSTGRADUATE QUALIFICATION IN MEDICAL EDUCATION?

Find out more about an amazing new Online [Master of Science in Medical Education!](#) An exciting collaboration between Warwick University, UK & iheed, Ireland -a specialist e-learning team. supported by members of the WONCA working party in Education and designed for busy clinicians.

☒ Find more information [here](#).

## ANNOUNCEMENTS AND UPDATES

### MCGILL FMER: INTERNATIONAL AWARDS IN FAMILY MEDICINE EDUCATION RESEARCH

The McGill Family Medicine Education Research Group (FMER) is proud to announce the sponsorship of 'The Pierre Pluye International Mixed Methods Thesis and Dissertations Awards in Family Medicine Education' to celebrate the original and influential contribution of Dr. Pierre Pluye, founding member of the FMER, to the advancement of mixed methods research and mixed studies reviews in general, and of the family medicine education field of inquiry in particular.

These awards are aimed to distinguish the work of promising new researchers committed to the advancement of science in family medicine education research around the world.

As of the academic year 2021-2022, two academic awards – one for the best MSc thesis, and one for the best PhD dissertation – will therefore be granted by an Award FMER Evaluation Committee chaired by Dr. Pluye.

The committee will include at least two other FMER researchers, and two FMER-affiliated graduate students (one MSc student and one PhD student or candidate).

#### ELIGIBILITY

Submission period: May 1st to August 31st, 2021. Candidates must have completed their thesis or dissertation no earlier than two academic years prior submission, i.e., before August 31st, 2019.

The thesis or dissertation must meet 3 criteria:  
 a) be related to research in family medicine education;  
 b) must use mixed methods in empirical research and/or literature review;  
 c) be written in English or French.



#### APPLICATION – PROCEDURE

Applications must include the five documents detailed below. Incomplete applications will be disregarded:

- A cover letter in which the candidate clearly indicates the award s/he is applying for (thesis or dissertation); introduces him/herself, the program and institution in which s/he graduated, as well as his/her research supervisors; and briefly describes the investigation conducted.
  - An abstract of maximum 500 words that summarizes the thesis/dissertation. Particular attention should be given to the description and justification of the mixed methods (empirical research and/or review) adopted in accordance with GRAMMS (Good Reporting of Mixed Methods Studies), and of the major theoretical, empirical, methodological, and practical contributions to the sciences of family medicine education.
  - A copy of the thesis/dissertation in a PDF format.
  - An updated version of the candidate's Curriculum Vitae.
  - A letter of support from the candidate's principal research supervisor.
- Read more [here](#).