

# WONCA News

An International Forum for Family Doctors



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## From the President – a visit to Brazil

### Family Medicine and Family Health Teams: How Brazil is tackling Universal Health Coverage

Brazil is a global leader in addressing universal health coverage through family medicine teams. In November, in one of the favelas (“shanty towns”) of Rio de Janeiro, I had the opportunity to meet with family doctor Euclides Colaço and his colleagues. This visit allowed me to see the renowned “Family Health Team” model of Brazil in action.

Dr Colaço works with a family medicine resident, two nurses and six community agents (community health workers), providing comprehensive clinic-based and home-based care to a defined population of 4,500 people. There are now over 33,000 similar family health teams across Brazil and the government is seeking to expand the model further through its Mais Médicos (More Doctors) scheme to ensure that everyone of their 200,000,000 citizens has access to the high quality primary care provided through a well-trained and well-supported family health team.



*Photo Family Health Team leader, Dr Euclides Colaco, consults with WONCA Iberoamericana CIMF regional president, Dr Inez Padula*

I had travelled to Brazil to participate in a Global Forum on Human Resources for Health, convened by the World Health Organization (WHO) and the Global Health Workforce Alliance. This was the largest ever forum focusing on health workers and global health and involved Ministers of Health and senior health officials from 93 nations, making commitments to ensure that the nations of the world train enough health care professionals to meet universal health coverage projections, and that we are training the right people with

the right skills to work in the locations and with the communities where they are most needed.

The role of family doctors in universal health coverage now well recognized and I was invited to address the forum on how primary care teams can be equipped, incentivized and empowered to provide high quality, first contact, continuous, comprehensive, coordinated, person-centred care, based in local communities.

Health workers are, of course, essential to health systems, yet the world faces a critical shortage of doctors, nurses and other health workers. If universal health coverage is to be achieved, then the WHO estimates that the world needs an additional 4 million health workers, based especially in areas and countries of greatest need. WONCA is a long-standing member of the Global Health Workforce Alliance, and our working party on rural practice, in particular, has been working closely with the Alliance and the WHO on ways to address workforce shortages in rural and remote regions.



*Photo: Dr Euclides Colaco with family medicine team community agent Pryscilla and a map showing the region their team covers in their local favela in Rio de Janeiro*

In the move towards universal health coverage, family medicine and especially team-based primary care, must play a central role, and family doctors can make significant contributions. In particular, there is recognition that a focus on primary care teams of well trained and supported health workers will enable such teams to better understand and

meet community expectations, providing people-centred, holistic care while also strengthening health workers' motivation and productivity.

It is also recognized that health workforce education and training is important to tackle stigma and discrimination and ensure responsive and appropriate health services for socially, culturally and religiously diverse groups, as well as across the age spectrum and for people with disabilities.

I was also invited at the forum to reflect on how new technologies have significant potential to support health workers providing universal health coverage. Mobile telephones and telehealth technology are helping to overcome the tyranny of distance in many parts of the world, while electronic health record systems can strengthen the responsiveness of the health system, through supporting health worker-patient relationships and the continuity and availability of patient-centred care. New technologies may also have the potential to motivate health workers through providing new information and training, and may have broader public health benefits in terms of offering health education and data for epidemiological and other research. It is critical that governments engage health workers in planning and implementing the integration of such technologies into health systems, with recent examples in some high income countries demonstrating the challenges arising from not doing so.

The forum statement, *The Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage*, signed by the 93 health ministers and other government representatives present, is available at: [www.who.int/workforcealliance/forum/2013/recife\\_declaration\\_17nov.pdf](http://www.who.int/workforcealliance/forum/2013/recife_declaration_17nov.pdf)

There were a number of documents launched at the forum including the new WHO report. *A universal truth: No health without a workforce*, which has a strong focus on "reorienting health systems towards primary care": [www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/](http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/)

While in Brazil I also met with our WONCA Regional President for the Iberoamericana-CIMF Region, Inez Padula, and with members of the Brazilian Society of Family and Community Medicine, including President Nulvio Lerman and Vice President Thiago

Trindade, and I was privileged to be invited to speak with family medicine residents in the new Barbara Starfield Auditorium in the society's national centre in Rio de Janeiro. I also met in Brasilia with the Secretary for Health and senior members of the Brazilian Health Department, and shared my experience of some of solutions being found to the health workforce challenges in other parts of the world.

*Photo: WONCA president, Michael Kidd, with enthusiastic family medicine trainees in Brazil.*



I left Brazil with a much greater appreciation of the great work of family doctors in this country, and an improved understanding of the family health team model, and the continuing challenges of seeking to provide high quality primary care to all the people.

You will have two great opportunities to join our colleagues in Brazil and learn about these developments for yourself and gain inspiration about how you might do things differently in your own country. First in 2014 at [WONCA's world rural health conference in Gramado](#), in the beautiful mountain region in the south of Brazil, and then in 2016 at WONCA's next world conference in Rio de Janeiro.

#### POSTSCRIPT

As this edition of WONCA News was going to press, the world was saddened by the news of the death of Nelson Mandela. We join our colleagues in South Africa in grieving the loss of this remarkable man whose influence touched so many lives.

Nelson Mandela gave us the gift of being someone we could all look up to. Someone who overcame great challenges with dignity. Someone with great compassion for humanity. Someone who used his great intellect and talent for leadership to make our world a better place.

Prof Michael Kidd  
WONCA President

## From the CEO's desk: one year on

### Hong Kong

As I write this I'm sitting in Hong Kong, where Michael Kidd and I have been taking part in the celebrations to mark the 20th anniversary of the forming of the Hong Kong Academy of Medicine (HKAM). WONCA's very own Dr Donald Li, Member at Large and Honorary Treasurer, is the current President of HKAM, which comprises 15 specialist colleges, including the Hong Kong College of Family Physicians, and is responsible for standards and accreditation of specialisation exams. It's terrific to see a family doctor as President of such a prestigious body, and it has been a fantastic and stimulating conference. Michael will be reporting on all of this more fully in his column next month...so I'd better not steal his thunder!

Dr Margaret Chan, WHO's Director General, also attended the conference and Michael and I had the latest of our periodic discussions with her about ever-deeper collaboration between our two organizations. In her remarks at the opening of the congress – to the assembled gathering from many specialties – she loudly proclaimed to the illustrious gathering “I love family medicine” and then went on to specifically mention WONCA by name, and her attendance in Prague. Music to our ears! During our talks she continued to speak warmly of our work and was keen to use our undoubted expertise to help in the battle for Universal Health Coverage and higher standards of primary health care and family medicine globally.

*Photo: In Hong Kong (l to r) Dr Garth Manning, WONCA CEO; Prof Michael Kidd, WONCA President with Dr Donald Li, WONCA member-at-large.*



Finally whilst in Hong Kong we were very kindly invited to the annual dinner of the Hong Kong College of Family Physicians, and hugely enjoyed good food and entertainment in great company. Many thanks to Dr Ruby Lee, President of HKCFP, and her Council for hosting us so

generously. We also visited the College offices within HKAM and met with Erica So and her lovely team of administrators.

### WHO liaison

Our Regional Presidents have all been working hard to establish stronger links in their regions with their WHO Regional offices, and WONCA has been well represented at a number of the WHO Regional Meetings. Michael, together with Amanda Howe and Luisa Pettigrew, will attend the WHO Executive Board meeting in Geneva in January, and Dr Chan has kindly offered to introduce the Regional Directors to our WONCA Executive team, so the bonds grow ever stronger.

### Young Doctors & Raman Kumar

Last month I highlighted WONCA's Junior Doctor movements and the fantastic work that they do. I mentioned then that Executive was still deliberating on the selection of a Junior Doctor representative for Executive, as mandated by June's Prague Council. As you will see elsewhere on the website, Executive had a really difficult choice to make, with 28 applications from many excellent candidates. However Dr Raman Kumar of India came out as first choice, and we congratulate him on his appointment. Raman, who is Chair of the Spice Route – the Young Doctors movement for South Asia – has already taken part in his first Executive teleconference and he will join us in London in January for our three days of discussions and decisions. [More.](#)

On the subject of Young Doctors I'm also delighted to report that the Eastern Mediterranean Region is the latest to establish a Young Doctor Movement. Called “Al Razi”, after a renowned Persian pharmacist and physician of the 9th century, the group is chaired by Dr Nagwa Hijazi of Egypt. It is hoped that the group can be launched officially during the conference of the Jordanian Society of Family Medicine in Amman, Jordan, from 29th April to 2nd May 2014.

### One year of secretariat

And so we come to the end of the first full year of the WONCA Secretariat in Bangkok. It has been a busy and eventful year, with our first Executive and Council meetings, but we survived, and I'm sure will go from strength to

strength. My thanks to my great Secretariat team of Dr Nongluck and Arisa and Malee, who make so much of it all happen.

From all of us in Bangkok to all our Member Organisations, Direct Members and Academic

Members we wish you a Happy Christmas and a peaceful and successful 2014.

Dr Garth Manning  
CEO

## FEATURE STORIES

### Nelson Mandela has passed on: a tribute from WONCA

To contribute your thoughts and tributes:

[login to the WONCA discussion forum](#) or [join for free and then login](#).

#### **Dr Shabir Moosa writes – "Hamba Kahle Tata"**

We are privileged to have lived in the life and times of Nelson Mandela or Tata Madiba, as he was fondly called. Alas he passed away on Thursday 5th December in his Johannesburg home at the ripe age of 95.

As an icon of South Africa, he led the struggle against apartheid (mostly from a lonely cell) and went on to become the first president of a democratic South Africa. His legacy of humanity will live with us in our lives and hopefully be cherished by future generations. He was not only a South African but an African and global statesman and inspiration. I was fortunate to have joined him in the 1990s for tea and chats at his home in Qunu, Transkei and he was every bit the warm, personable homeboy that everyone imagines. I am just glad he had enough years to catch up on the simple things in life – his family.

It is a time to be sad but also to celebrate his achievements and legacy. We must never forget his values and principles. These are values and principles that echo in many of the hearts of family doctors across the world, as they sacrifice for their communities. We take inspiration to work hard towards a fair and just world, especially in health care.

The world body of family doctors extends condolences to the family of Madiba. We pay tribute to your sacrifice as much as his.

*Hamba Kahle Tata* - Go well, father. You are in our hearts.

Dr Shabir Moosa  
WONCA Africa commendations

#### **Prof Michael Kidd writes**

Nelson Mandela gave us the gift of being someone we could all look up to. Someone who overcame great challenges with dignity. Someone with great compassion for humanity. Someone who used his great intellect and talent for leadership to make our world a better place.

Among Nelson Mandela's enduring lessons for those who aspire to leadership in any field of life, "*It is better to lead from behind and to put others in front, especially when you celebrate victory when nice things occur. You take the front line when there is danger. Then people will appreciate your leadership.*"

Professor Michael Kidd  
WONCA president

#### **Prof Amanda Howe writes**

The great man of our generation has passed - we must mark this, of course. Here is one I like, written (I believe) for him: a good message for those of us who find ourselves to be family medics, and unexpected leaders.

**Our Deepest Fear**  
by Marianne Williamson

*Our deepest fear is not that we are inadequate.  
Our deepest fear is that we are powerful beyond measure.  
It is our light, not our darkness  
That most frightens us.  
We ask ourselves  
Who am I to be brilliant, gorgeous, talented, fabulous?  
Actually, who are you not to be?  
You are a child of God.  
Your playing small  
Does not serve the world.  
There's nothing enlightened about shrinking  
So that other people won't feel insecure around you.  
We are all meant to shine,  
As children do.  
We were born to make manifest  
The glory that is within us.  
It's not just in some of us;  
It's in everyone.*

*And as we let our own light shine,  
We unconsciously give other people permission to do the same.  
As we're liberated from our own fear,  
Our presence automatically liberates others.*

Prof Amanda Howe  
WONCA President Elect

**Prof Ian Couper, writes:**

It is a significant time of remembering and reflection for us in South Africa, and it is wonderful to hear and know that the world is joining in.

I happened to be doing consultancy work for Nelson Mandela Metropolitan University in Port Elizabeth, Nelson Mandela Bay district, Eastern Cape, when the news came through, so the connection was particularly dramatic. Our radio and TV stations have wall-to-wall coverage of Madiba's life; so many wonderful, inspiring and challenging stories are coming out from people about the man.

Two things have really stood out for me in the few days since his passing:

1. The major response in many places – particularly outside his home in Houghton, Johannesburg and in Vilakazi Street, Soweto, where he used to live (the only street in the world where 2 Nobel laureates have lived, the other being Desmond Tutu, who also used to live there) – has been singing and dancing; in other words, the sombre reflection is accompanied by lots of celebration in honour of an exceptional life, and rejoicing for what he achieved with and for us. And Mandela would have appreciated the singing and dancing! One of the reflections I heard traveling back from the airport last night was from a Johnny Clegg concert (?in London); Clegg and Juluka or Savuka (can't remember which) were singing "*Asimbonanga ... Mandela*" ["*We do not see him .. Mandela*", referring to his time in prison], when he appeared behind them on the stage – unbeknownst to them; once they realised after the number was over, he then insisted they sing it again so he could join in with the dancing and singing.

2. The passing of Mandela has touched the lives of people from all racial, political, cultural and faith backgrounds; the people phoning in, tweeting, texting messages, etc, have been a true representation of the rainbow nation that Mandela fought for, a reminder of what was achieved by his leadership, and proof that, despite our on-going challenges, we are a transformed nation.

In July, I sent out a message to many international friends and colleagues for Mandela Day; I excerpt below a portion of that:

Although Mandela has no direct influence on current politics any more, and remains seriously ill, his legacy is still very powerful and will continue to share our country regardless of whether or not he is alive. For many of us, his words at his inauguration as president of a newly democratic South Africa on 9 May 1994 remain a beacon: "*Never, never and never again shall it be that this beautiful land will again experience the oppression of one by another.*"

This flows directly from his words in his so-called treason trial 30 years before, in 1964: "*I have fought against white domination, and I have fought against black domination. I have cherished the ideal of a democratic and free society in which all persons will live together in harmony with equal opportunities. It is an ideal which I hope to live for, and to see realised. But my Lord, if needs be, it is an ideal for which I am prepared to die.*"

But he has said many inspirational things; a few of my favourites are:

- "*The time is always right to do right.*"
- "*It always seems impossible until it's done.*"
- "*Do not judge me by my successes, judge me by how many times I fell down and got back up again.*"
- "*To be free is not merely to cast off one's chains, but to live in a way that respects and enhances the freedom of others.*"
- "*No one is born hating another person because of the colour of his skin, or his background, or his religion. People must learn to hate, and if they can learn to hate, they can be taught to love, for love comes more naturally to the human heart than its opposite.*"
- Remember, "*There is no passion to be found playing small, in settling for a life that is less than the one you are capable of living.*"

Aluta continua.

Madiba remains an inspiration for us all.

Warm regards

Ian

*Prof Ian Couper is Immediate Past Chair of the WONCA working Party on Rural Practice and Director of the Centre for Rural Health, University of Witwatersrand, South Africa,*

## WONCA Executive announces Young Doctor representative

WONCA Executive is pleased to announce that Dr Raman Kumar of India has been selected to join them as the Young Doctor representative for the 2013-16 triennium.



Raman, who is Chair of [The Spice Route](#) (the Young Doctor movement for South Asia) was selected from a large number of very high calibre candidates. The Executive was thrilled that so many young doctors from so many parts of the world expressed a keen interest in making a contribution to our organization. Making the decision was very difficult and unfortunately only one person could be chosen, but Raman emerged as the clear first choice.

We welcome Raman to the executive and have been delighted at the strong statements of support both from many of the unsuccessful candidates and from the leaders of the various young doctors movements. We are certain that Raman will be a fine ambassador as he seeks to represent the views of all young doctors on WONCA executive.

To find out more about Raman please [click here](#).

To find out about other members of WONCA's executive [click here](#)

## Policy Bite from Amanda Howe - the upskilling debate



*Professor Amanda Howe, our new President-Elect, said in her speech at the WONCA Council that she would help with policy messages. She now takes up that challenge with her regular Policy Bites column - this being her third column.*

*We invite you to send us similar material - an important piece of policy from your own organisation or setting that relates to family medicine developments and that might be helpful to others. Please send a summary, a link, and make it short - it's not Twitter, we shall allow up to 500 words.*

*email to [editor@wonca.net](mailto:editor@wonca.net)*

*Or join the online discussion*

*[Login to the WONCA discussion forum](#)*

*[Join the WONCA discussion forum](#)*

I have been in five countries for WONCA visits in the last six months where there has been an active national debate about the relationship between family medicine specialists (FMS) and non-vocationally qualified (NVQs) doctors working in primary care and community settings. In many countries, including the UK, there is a living history of doctors who are working as the main providers of first point of medical care without holding a specific family medicine qualification (such as the MRCGP in UK). They often greatly outnumber those who are FMS, especially in settings where FM is a relatively new discipline at postgraduate level. A parallel debate concerns those non-medically qualified

healthcare workers who, particularly in less resourced settings, may be the main primary care workforce for large sectors of the population.

Why is this posing challenges? In all settings, health care workers are an important public resource, and essential to meeting the health needs of the people – so all these people are of potential value in the health care system. I think the concerns of our WONCA membership bodies arise when governments, having been persuaded of the case for the expansion of primary care, take one of the following policy positions:

1. "We want to provide a large number of family medicine doctors – so let's call anyone who has been working in a primary care setting for a number of years doing general medicine a family doctor / FMS"...
2. "We will invest in family medicine doctors, providing they help us run the district hospital service"
3. "We will invest in FM, but we shall still let any doctor work wherever they want without this qualification" – thus letting other specialists have direct access for patients, and/or continuing the existence of doctors without postgraduate qualifications in the service for the long term.
4. "We would rather invest in cheaper workers (i.e. non-doctors) and let them run the community based services".

Each country has to work with its own situation, history and resources, and we need to respect hard working health professionals whatever their background. Our President, Michael Kidd, said in his inaugural speech that *"Many countries have large numbers of general doctors who have received no postgraduate training but who wish to be recognized as specialist family doctors. We need to embrace all our colleagues in primary care. We need to find innovative ways that work in each of our countries to upskill and support the professional development of our peers. We can't afford to disregard the contributions of all doctors working in primary care."*

I have seen good examples of the following:

- WONCA member organisations forming direct links with groups representing NVQs to try to develop a shared solution
- A national position that reiterates the strategic aim of FMS as leads for community teams, as well as direct delivery of acute and urgent care
- Advocacy for a deadline beyond which only those qualifying in FM can hold that status in the system – this has to be coupled with a system that requires the population to be registered with an FM specialist and avoids direct to specialist self-referral.
- A planned up-skilling of NVQs over a period of time ('fast track') with an FM qualification at the end of the period. This may be coupled with a

'grandfather' clause – for example, doctors over 50 can continue to work as an NVQ but those below must upskill.

In general, the public health adage of 'shift the whole system up a gear' may provide the best strategy – aim to get more people training in FM, while also adding to the competencies of those other doctors and health professionals providing primary care. The implication here is that we have to aim to train our own discipline but also others working with us in primary care; and to persuade governments that both types of worker are needed. As Michael Kidd has said *"We cannot afford to leave anyone behind!"*

Finally, WONCA does not seem to have a specific policy statement on this issue. I think we believe that there should be a family medicine doctor (FMS) for every family. This would not exclude other doctors and workers, but would make it clear that we expect there to be an aim of an FMS for all. Views welcome!

Prof Amanda Howe  
WONCA President Elect  
December 2013

*The author is grateful for comments from Dr John Wynn Jones; the President, Prof Michael Kidd; and WONCA executive Member-at Large, Dr Luisa Pettigrew.*

## Rural Round up: It's all about the people!



*This month's Rural Round up is written by Prof Ian Couper of South Africa. He is Director, Centre for Rural Health and Academic Head, Department of Family*

*Medicine, University of the Witwatersrand, South Africa. He is also Immediate past chairperson, WONCA Working Party on Rural Practice. [Find out more about Ian Couper](#)*

During the second half of this year (2013), I have had the privilege of spending some sabbatical time in North America. I was based for three months at the University of Washington (UW) in Seattle, in the Department of Family Medicine, which is

under the sterling leadership of fellow rural working party member Dr Tom Norris. It was encouraging to interact with folk from UW who are making a difference to the health care needs of the northwest of the USA, through two programs.

The WWAMI regional medical education network, which covers Washington, Wyoming, Alaska, Montana and Idaho (hence WWAMI), provides distributed and local MD training for and in the five states. WWAMI aims to meet the health care needs of the region, make public medical education accessible to residents of these five states, and encourage graduates to choose careers in primary care medicine and locate their practices in non-metropolitan areas of the Northwest. It has been going for over 40 years now (it



celebrated its 40th anniversary in 2011), and continues to make an impact on the human resource needs of this largely rural region, which accounts for 28% of US land mass, but with only 3.5% of the population. Further decentralisation to regional campuses is part of current curriculum renewal.

UW's MEDEX program has been training physician assistants for 44 years. MEDEX focuses on expanding access to healthcare for the medically underserved and in rural and remote settings throughout the five-state northwest service region. The program is committed to educating experienced health personnel from diverse backgrounds to practice medicine with physician supervision. The passion and enthusiasm of the faculty team for the mission of MEDEX was inspiring.

It was great to see how two programs that were pioneers have continued to be clear in their commitment to underserved, rural and remote people in need of health care, while at the same time innovating, adapting and renewing their programs continually. A key for me is the people who are part of these programs. I asked Terry Scott, PA program director, about this, and he said it is absolutely the people – people who have served over many years with dedication and new staff coming in because they are drawn by the vision of the program. This accords with what Jim Collins says in his book "*Good to Great*"<sup>1</sup>, that the starting point for going from good to great is to focus on the "who" not the "what"; that is, make sure you have the right people in place, and then develop your vision with them.

While in Seattle, I also visited Montana (I had previously visited Alaska), and was invited to spend time at the Northern Ontario School of Medicine and Memorial University of Newfoundland Medical School in Canada, both examples of socially accountable, rural-focused institutions. All over I found people engaged in exciting, innovative work. I met a particularly inspiring group of rural doctors in Labrador, a key leader amongst whom is Dr Michael Jong. (Michael let me have some fun on Rosie the Robot, to see how he and his colleagues can give support to remote health care centers through internet-based robotics!) Once again, there I saw young people being drawn in because they can see the commitment and enthusiasm of their mentors.

Through these experiences I was reminded again of two factors that I constantly return to

in terms of understanding key issues in rural health care, globally and locally, and how we respond to them. Firstly, there is a significant degree of commonality in the issues we face around the world. Yes, the resources to meet the needs are very different; I can only look at what rural folk in the US and even more in Canada have access to with a degree of envy and frustration – yet when I go to Mozambique and Malawi, I come back thankful for all that I have access to in South Africa, so it is all relative. Despite this, the challenges are essentially the same. There are fewer physicians (of all types) and health professionals in general in rural areas compared to urban areas – it is the degree of both the absolute numbers and the differentials that vary around the world – and rural people have poorer access to the range of health care services, and also to other social and educational services, usually associated with poorer health status. This is the major focus of advocacy for rural health.

Secondly, no matter what systems one puts in place, and how much money and technology one throws at the problem, the heart of the problem - and the solution - is people. We need dedicated and committed health professionals who are prepared to serve rural communities – for whatever reason and in whatever way. We know that the issues of selecting rural students and providing rural training are essential contributors in this process. However, there is a spark that I see all around the world in rural doctors that I meet, who are doing amazing things in challenging environments. That spark cannot be taught – hopefully though it can be caught, where there are role models and mentors. Can we choose to train people who already have that spark? That would be great, but the challenge is identifying them. Some of the graduate entry programs that select medical students with life experience may do that better than others; certainly the MEDEX PA program makes a point of doing that, with good effect.

As for me, all I want for Christmas is to see more and more sparks setting alight a fire of passion for making difference in the lives of rural people.

1. James Collins. *Good to Great: Why Some Companies Make the Leap... and Others Don't*. New York: HarperCollins, 2001

## Help for our Filipino colleagues

On November 8, Typhoon Haiyan hit the Philippines resulting in widespread devastation and destruction. One of the worst hit towns, Tacloban is the home of our well known colleague Aileen Espina and was host to the 2011 WONCA rural health conference. Aileen is featured as the author of this month's [WONCA rural round up](#). The WONCA family was overjoyed to hear that Aileen is safe and has evacuated her children to Manila. Aileen has returned to Tacloban to work in the devastation.

However, many colleagues from around the world have asked how they can help Aileen and others like her, with the long and slow process of rebuilding. A quick look at any news website will show the degree of devastation is enormous and rebuilding will be slow.

The Philippine Academy of Family Physicians' president, Christine S Tinio MD, has just announced a fund established to assist colleagues in need and international donations can be accepted. Christine's letter is below.

*Dear Colleagues*

*I am writing this letter to update you regarding the PAFP's plan to give assistance to victims of the recent disasters here in the Philippines.*

*In the last PAFP board meeting on November 15, 2013, the board created a task force to plan activities in assisting our member doctors who are victims of the typhoon and/or give assistance to various chapters in conducting activities to victims of the typhoon. The board decided then that we will help rebuild communities and plan for other long term activities for the victims like help provide facilities and medical services in areas hit by typhoons.*

*At the moment, we are gathering data as to which chapters or members are affected. So far from the Iloilo chapter three or four of our members have reported that their houses were badly damaged, in the Antique area, Dr Rubinos, the Chapter President, said that so far there are no members affected but as a chapter they started doing medical missions*

*and donated money to some of the victims to repair their homes. They communicated with me asking for aid/cash donations. There are several residents in the small islands and two of our chapter presidents in the Visayas signified intention of helping them. Other chapters in the Visayan region have also started helping out or volunteering for medical missions. Here in Metro Manila we (our FM residents from the De la Salle Univ Medical Center) volunteered to provide medical services to evacuees at the Villamor Air base.*

*The plan is to raise funds and we tasked the various Chapter presidents to send us pictures of the affected areas and present to us their plans for assistance. The task force delegated the task to the chapter presidents because they believe that the chapter president would know the needs of that certain area. The funds that would be raised will be used for these projects/activities.*

*Yesterday, November 22, 2013, we the fund raising project, "ONE PAFP, ONE FAMILY ...Families help each other".*

*Cash donations can be deposited in this account:*

**Eastwest Bank  
Taft Avenue Store Ground Floor 2244  
PAFP Bldg Taft Avenue Manila 1004:**

**Account name: Philippine Academy  
of Family Physicians**

**Account no: 19301-00101-3  
For International  
Donors: Bank swift  
code: EWBCPHMM**

**If from Singapore  
remittance can be thru  
I-Remit.**



*This is all for now.*

*Thank you and warm regards,*

*Christine S. Tinio (picture courtesy of PAFP)  
President PAFP*

## CONFERENCE NEWS AND REPORTS

### Abstract extensions for WONCA conferences

Abstract submission has been extended for a short time for some of next year's WONCA conferences.

Did you enjoy this year's Prague conference or perhaps you missed it and would like to attend one of next year's WONCA conferences? WONCA has four conferences planned for 2014 and abstract submission is closing soon for all of them.

[Vasco da Gama forum for young doctors in Barcelona, Spain from 7-8 February](#)

Abstract submission extended until 15 December 2013

[WONCA Rural health conference in Gramado, Brazil from 2-6 April](#)

Abstract submission extended until 8 December 2013

[WONCA Asia Pacific region conference in Kuching, Malaysia from 21-24 May](#)

Abstract submission closes 31 December 2013

[WONCA Europe region conference in Lisbon, Portugal from 2-5 July](#)

Abstract submission closes 5 January 2014

### Message from chair of WONCA Asia Pacific conference 2014



*A/Prof (Mohammad) Husni Jamal is chairman of the Host Organising Committee for the WONCA Asia Pacific Regional Conference coming up in Kuching in May, 2014. He is also a member-at-large, WONCA Asia Pacific*

*Executive for 2013-2015. He talks of the plans for the coming WONCA Asia Pacific Conference being held from May 21-24, 2014, in Kuching, Malaysia.*

As Chairman of the Host Organising Committee of WONCA AP Kuching 2014, will prove to be the biggest challenge for me thus far. In 2002, I was a member of the Host Organising Committee of WONCA AP Conference which was held in Kuala Lumpur. It is my fervent hope that we will be able to organize a successful event, worthy of WONCA's expectations. This conference will be held in the city of Kuching, Sarawak, in

East Malaysia, from the 21-24 May 2014 at the Borneo Convention Centre. This coincides with the Malaysian government's campaign of making 2014 a "Visit Malaysia Year".

One of the main reasons to hold this conference in Kuching was, amongst others, to promote the development of Family Medicine in the East Malaysian states of Sabah and Sarawak. Additionally, it is also an opportunity for members of the Asia Pacific region to visit this interesting side of Malaysia, which holds many ecotourism attractions, and enjoy the tranquillity and a more relaxed phase of life as compared to the major cities in Peninsula Malaysia.

[more about the WONCA Asia Pacific Conference, Kuching](#)

[more about Dr 'Husni' Jamal - one of this month's featured doctors.](#)

## VDGM forum keynote speakers hangout

The [Vasco da Gama Movement forum](#) is coming from February 7-8, 2014

### A Hangout with the Three Keynote Speakers by Peter A Sloane

In preparation for the main keynotes which will be held on Saturday 8th February morning of the 1st VdGM Forum, Dr Peter A Sloane (Ireland) interviews Professor Job Metsemakers, President of WONCA Europe (Netherlands), Professor Per Kallestrup, founder of the Hippokrates Exchange Programme (Denmark), and Dr Luisa Pettigrew, member at large of the WONCA World Executive (UK). The session will discuss "One Vision: How Can We Unite the European Family Medicine?" and this brief Google Hangout interview will set the scene for what will be a vibrant and engaging discussion in Barcelona.

### DesignThinking for Primary Care-workshop

The Vasco da Gama Movement is developing a fantastic workshop that will enable you to learn firsthand how Design Thinking can be used to innovate in health and healthcare. During this workshop, teams will work together to explore and create solutions to real healthcare challenges.

The workshop will take place in Barcelona just before the 1st #VdGMForum, on 7th February from 9am to 2.30pm. There is only a limited number of places for this workshop. The participation in the workshop will be free of charge. Medical students, other healthcare professionals, people from other professional background and patients are welcome to apply for a place. The deadline for applications is Friday 27th December. Application form [available online](#)



## From pre- conference to forum: an extraordinary synergy

When the idea of creating a new meeting for VdGM, the VdGM Forum, sprang to our minds about a year ago, a mixed feeling of optimism and fear came right away to shiver our minds like a storm-announcing wind in a hot summer noon. The tasks to carry out have been in contrast with our ... "youngish" experience and many of us, quite rightfully I must admit, questioned our ability to pursue such an aspirational project.

But yet, it felt right! It felt like the time was ripe for our movement to expand its horizons and create an event with a tailored scientific and cultural programme, where all the VdGM members, whether they are old or new ones, come together for a good networking that rekindles old friendships and builds new ones.

Honestly, it is not an exaggeration to claim that all the members of VdGM, from 2004 till now, have been constructing the road that eventually would bring us to such an event.

From the founders of our movement, to all the council members, exchange coordinators, participants of the theme groups, preconference participants... Everyone has put a significant stone to build this pathway leading to Barcelona on 7th and 8th February.

But wait, what about the Preconference?

While we are preparing to celebrate the launch of the Forum, we also continue to work hard on the next Preconference which will be held in Lisbon in 2014.

For so many years the Preconference has been such a phenomenal event. It has introduced so many trainees and juniors in the family of WONCA and WONCA Europe. And I strongly believe in this, because I was one of these novice trainees some years ago.

Sven Streit, the past chair of VdGM, once narrated the beauty of this introduction to us.

A trainee could participate in the Preconference the first year and would become interested in one of the theme groups and perhaps the following year would wish to become more active, do a Hippocrates exchange, participate in a research study or make a contribution to an educational workshop. And again over the years he/she might wish to be even more involved, perhaps as a leader of a project, a coordinator of the groups, a national exchange coordinator or even as a member of our Europe council or the executive.

By the time a junior GP completes the VdGM journey, he/she will have become acquainted with all the major activities of WONCA and WONCA Europe and will have been facilitated in choosing the most appropriate place(s) to continue his/her personal and professional development.

Isn't this journey amazing? And it starts with the simple injection of a very contagious virus of optimism and activism, as my good friend Martin Sattler claims, at the Preconference. The Preconference is where the magic begins. It's where newcomers are introduced to the Vasco da Gama Movement, WONCA and WONCA Europe family.

And this is done in a very simple, yet magnificent way: with the premise (or pretext if

you prefer) of discussing on a primary care topic, newcomers start talking about their own lives, about how they have become interested in Family Medicine, about the problems they face back home, but also about their dreams and aspirations. In Malaga's Preconference some years ago, I was asked to describe how I imagined myself in 5 or 10 years' time in front of an audience packed with a mix of newcomers and old VdGM members. Well, though it felt naive or even scary at that moment, it has been part of my thoughts ever since. It was one of those moments that can define a person; what I dreamt there it has become an objective that I have actively pursued ever since. Looking back to that Preconference, I can feel gratitude for that opportunity.

So I would like to ask you to spread this invitation to our junior colleagues who haven't been in touch with VdGM and the WONCA family yet. Lisbon's Preconference can be the moment to set off for their awe-inspiring journey!

Charilaos (Harris) Lygidakis  
VdGM Chair

## The Network: Towards Unity For Health meets in Thailand!

This year's The Network: Towards Unity for Health (TUFH) conference was held from November 16-20 in Ayutthaya, Thailand.

The conference guiding theme was "Rural and Community-Based Healthcare: Opportunities and Challenges for the 21st Century".

The local host was The Princess Naradhiwas University, a university that was established in the south of Thailand to serve the rural frontier provinces, and whose first graduates celebrated their graduation during this conference. Other organising partners were GHETS, THEnet, FAIMER and the University of Illinois, College of Medicine at Rockford.



There were 220 participants from 35 countries all over the world present, with a strong participation of developing countries.

As usual the conference

was a perfect networking opportunity and had a combination of inspiring key note speeches, poster sessions and innovative workshops. It was a full varied and exciting programme. The site visits demonstrated some important achievements of the Thai health system: universal coverage and a strong PHC-system through the well organized and integrated Primary Health Care Centres, involving the community in prevention, care, rehabilitation.

The participants had the chance to experience a real Thai traditional festival, called Loy Krathong, traditionally held at the full moon of the end of the rainy season. We had an extraordinary night organized by the city of Ayutthaya where everybody had the chance to let their sins float away in a burning buoyant decoration on a floating river.

The final declaration, "*The Ayutthaya Announcement*" stated that: "*Institutions for health professionals' education, together with communities, health policy makers and*

*providers will have to contribute to the training of health professionals and workers in order to produce appropriate knowledge, skills and attitudes in numbers sufficient to achieve equity”.*



Participants had a lot of interest in the WONCA-booth at the conference (see picture which shows from L to r; Air Chief Marshal Ouichai Pleangprasit, M.D. Founding Dean, Princess of Naradhiwas University Narathiwat, co-host for the conference, Jan de Maeseneer, with WONCA manager, Nongluck Suwisith and WONCA admin officer, Arisa Puissarakij), illustrating the close cooperation between WONCA and The Network:TUFH.

If you want more information about The Network: Towards Unity for Health or if you are considering becoming a member please visit our website: [www.thenetworktufh.org](http://www.thenetworktufh.org)

It's all about networking! We can meet at the 2014 Fortaleza Conference in Brazil: November, 19-23, 2014.

Prof Jan de Maeseneer

## Reports from WONCA Europe bursary winners

At the recent WONCA world conference in Prague, WONCA Europe awarded a number of bursaries to assist with attendance. A number of these recipients have written reports for WONCA Europe. WONCA Europe also awarded the Montegut Global Scholar award (sponsored by the American Board of Family Medicine Foundation (ABFM-F) ) to Dr Anca Alexandra Matusz of Romania.

Bursary winners were:

- Maranaj Marku -Albania
- Artan Bitri -Albania
- Graziela Moreto -Brasil
- Ronen Brand -Israel
- Rosa Avino -Italy
- Sara Rigon -Italy
- Tatyana Svitich -Kazakhstan
- Viktor Tilman -Kazakhstan
- Lazzat Zhamaliyeva -Kazakhstan
- Tin Myo Han -Myanmar
- Pratap Narayan Prasad -Nepal
- Rachana Saha -Nepal
- Monika Krasuska -Poland
- Katarzyna Nessler -Poland
- Krzysztof Bejnar -Poland
- Oliveira Azevedo Pedro Miguel -Portugal
- Izabela Corina Platon -Romania
- Mihai Sorin Iacob -Romania
- Juan MaríaRodríguez Martínez -Spain
- Raquel Gómez Bravo -Spain
- Pavlo Kolesnyk -Ukraine

Due to the large number of long and detailed reports, short excerpts only are included to demonstrate the great value these bursaries have to their recipients.

### *Raquel Gomez Bravo : Spain*

Thanks to the bursary I attended the Europe Council meeting... (and) heard the inspiring words of Richard Roberts, Michael Kidd, Margaret Chan and other incredible human beings that make us reflect and enrich ourselves from a personal and professional point of view.

... I can't explain how amazing is to be present when Afriwon was born, the new young movement of Africa, with the support of all the other Young Movements of the world. And this was possible thanks to WONCA. We are writing the history of the Family Medicine, we are fighting for a better primary care around the world, because we care about it and this is the real potential of our organization...humanity.

... if we could do research together, fight for the same objectives, focus in the same problems, Primary Care would be the strongest speciality, because is the most important one. If you have a great GP in your community, this will be healthy; if you don't, you will have a huge problem. This is the

value of WONCA, like the treasurer of VdGM (Martin Sattler) said: "one voice for GPs"

Thanks for making the difference, thanks for your generosity once again.



*photo: Two bursary winners from Spain - Raquel Gomez Bravo (left) and Juan María Rodríguez Martínez (right) with WONCA Europe president, Prof Job Metsemakers.*

### **Juan María Rodríguez Martínez : Spain**

4th year GP trainee, Granada, Spain  
... Regarding the conference I was amazed about the inauguration ceremony with so many Family physicians, the two concerts, and the speech of such an influent woman as Margaret Chan. I felt really fortunate to be there at that moment.

During the conference I met some of the Vasco da Gama members including its creator Dr Per Kallestrup and so many important people related with Family medicine such as Dr Iona Heath... I had the opportunity to attend to many speeches some of them really interesting as the ones organized by WWPWFM but for the most important was the in which Afriwon was born.

After the conference I think that during the trainee period is really important to have contact with what people all over Europe, and this time all around the world are working at, the differences and the similarities in our daily work so, together, we can improve little by little the quality of primary care.

I really encourage you to keep giving other people these grants so they can realize by themselves how big and wonderful is the specialty they have chosen, Family Medicine.

### **Lazzat Zhamaliyeva: Kazakhstan**

...I would like to say some words about my impressions. General practitioners are special,

they differ from other doctors. They looked like a one big family...

I was very impressed of the scene of inauguration ceremony, when Richard Roberts was passing his title to Michael Kidd. At the time of his speech Richard Roberts was excited, his voice was quivering and he hardly held back his tears. I saw an attitude of a person to his favourite pursuit in that, in which soul, many efforts and knowledge were invested. Such an emotional involvement and enthusiasm make you feel the same way, and truly respect and admire.

### **Tatyana Svitich: Kazakhstan**

... Also knowledge and experience of my colleagues from other countries are very important. So reports about family medicine in Croatia and Australia were very cognitive for me. ...

The speakers of the conference were really great. Especially I want to mention Richard Roberts-president of World Organization Of Family Doctors.

Using the materials and information of the conference I will organize the conference of family doctors in Semey city on November 11. 120 doctors will participate in the conference. I will spread the information among our doctors, which will be used in our everyday practice.

### **Izabela Corina Platon: Romania**

... I attended many workshops with high scientific and epidemiological value. I was impressed by the fact that all GP doctors face the same problems in various places of the world and make efforts to solve them.

... I was impressed by the efforts that Brazilian doctors make to improve the medical care in isolated areas by creating teams for complete care. I visited a GP practice and make acquaintance shortly with the Czech medical system.

### **Krzysztof Bejnar: Poland**

By meeting other participants I had a chance to discuss many problems related to my work and various ways to solve them. I particularly liked the heated discussions we had during the posters sessions

... Through networking, I met numerous GPs from other countries. I managed to overcome the language barrier thanks to my French and



Russian language skills as well as to incredible openness of the participants.

The Congress showed me a way to conduct research in my work which will be valuable to others. Previously, I thought this was not possible in such a small GP practice that I run.

My experience encouraged me to become a member of WONCA and to actively promote its ideas. I will do my best to be able to participate in next congresses if possible.

### **Sara Rigon: Italy**

*photo above of young doctors meeting in Prague*

... It widens the horizons of younger generations of doctors putting them in contact with colleagues and professionals from all over the world also ensuring the continuity of important organizations like WONCA Europe.

I arrived in Prague on a sunny afternoon ready for that feeling of uneasiness one experiences when landing in an international airport alone and with no pick-up previously arranged. I could not be more wrong. At the airport arrivals I met a few colleagues from Portugal and Norway I had met in previous WONCA Europe Conference and I felt instantly at home. WONCA is one big family.

The opening ceremony and the following days has been a complete wonder of languages, colours and customs. I felt like having the priceless privilege to enter the United Nations and more important to contribute to this such vital and inspiring organization.

...I personally discovered different WONCA working groups I did not know on topics I am very passionate about such as environment and family violence. It was very inspiring to see so many colleagues working together, exchanging ideas and trying to make a difference. I am anxious to collaborate with

such working groups as I believe there is much I can learn from more experienced GPs. Moreover it is thrilling to be given a chance to speak up and contribute as, in my opinion, transgenerational collaboration is as rare as fruitful nowadays.

### **Mihai Sorin Iacob: Romania**

. It is an incentive for the GP's from Romania to tighten ranks, and help promote our values that we still have in the country, and look forward with optimism that we can get to the front ranks of European countries and beyond.

... I joined to the EURACT and EGRPN and wanting to contribute to the growth and development of research and medical training in Romania.

### **Graziela Moreto: São Paulo, Brazil**

The event was attended by 3600 participants from over 80 countries. It was an excellent opportunity to exchange experiences with colleagues from many different locations.

.... We insisted on sending posters and oral presentations on this theme in recent times. Fact makes us very happy is to realize that with the passage of time is increasing the space for this kind of discussion.



(photo: Graziela second from left and colleagues from Brazil in Prague.)



### **Tin Myo Han: Myanmar**

... I was only one Myanmar representative who attended World WONCA Council meeting and 20th World WONCA Conference in Prague, 2013. I could make the trip to Prague because of the WONCA (Europe) Bursary.

I attended World WONCA Council meeting as representative of Myanmar GPs Society ... I also participated in the meetings of WONCA Working Party for Women and Family Medicine (WWPWFM) as member and I was elected as secretary of WWPWF (Asia-Pacific) Region. I attended the meeting of WONCA Working Party for Quality and safety as member of this working party and I was elected as its treasurer.

... I got more understanding on WONCA activities, leadership of WONCA leaders/Regional WONCA leaders and contributions of all member countries in general and particularly in coordination with World Health Organization(WHO) to provide better primary care services throughout of the world. WONCA agenda and agenda papers discussed in the council meeting were brought to Myanmar General Practitioners' Society to implement it as member organization.

### **Pavlo Kolesnyk : Ukraine**



...During the program I had a lot of chances to discuss ... as well as ask for explanation of unfamiliar areas in family medicine development in different many countries of the world including New Zealand, Japan, Italy, the United Kingdom etc ...

Practical outcomes - Because of this conference I've got some ideas how to improve the quality of primary healthcare.  
 - I am planning to train residents using the interactive ways of lecturing, using art during the seminars, small group activity etc.  
 - I have a plan to prepare some evidence-based lectures concerning the main health problems in the Ukrainian population.  
 - I am planning to implement group work and counselling into work of the family medicine

clinic where I work now. I also plan to start the school for some patients, smokers, young mothers in groups and for sure knowledge and experience gained during the conference in Prague will definitely help me to achieve my goal.

- I am also going to spread the information I've got among my colleagues, residents and patients.

- Having a lot of information concerning the different ways of family doctor's work in different countries I have an idea to write an article concerning the FM development in different countries in and to Comair it with the Ukrainian system and publish it in the Ukrainian journal of FM.

### **Anca Alexandra Matusz :Romania**

#### **The recipient of third Montegut scholarship for WONCA Europe.**

... I am very grateful to the American Board of Family Medicine Foundation (ABFM-F) for the great opportunity to attend the WONCA World Conference held Prague, at the end of June 2013. It was one of WONCA most outstanding meetings for its welcoming, supportive character and for the opportunities it offered for finding collaborators, colleagues and friends.

...After returning in my home city of Timisoara, Romania, and based on the WONCA experience, I started the implementation of two research and collaboration projects in the specialty of family medicine. These projects will run for a period of one year, as a multicenter working groups with colleagues from the main cities in Romania, respectively – Bucharest, Cluj-Napoca, Craiova, Iași, Constanța, as well-as from the rural area (Sadova - Dolj, Dobrețu – Olt).

Let me express again my acknowledgements for being selected as the third European Alain Montegut Global Scholar, for offering me this wonderful opportunity to extend and improve my research skills. Hopefully, the next report will reveal our experience with these two projects with substantial change in the well being of Romanian pediatric patients.

## REGION NEWS

### News from Iberoamericana – the April 2014 V Summit



*WONCA Iberoamericana  
CIMF region President,  
Maria Inez Padula  
Anderson reports.*

Besides other initiatives, the most important event we are focused on is

organizing the V Family Medicine Summit (V Cumbre Iberoamericana de Medicina Familiar), that will be held in Quito, April, 11 and 12, 2014. Among the main activities of CIMF there are the regional conferences and the summits of family medicine. They are held, each, every 3 years. We have had four summits since 2002. The first, in Madrid (2002), later in Santiago de Chile (2005), Ceará, Brazil (2008), Asuncion-Paraguay (2011).

The summits are a political but, also, a technical event. Through the exchange of experiences and participatory activities, with strategic representatives of health, education and research areas, the summits search for solutions for problems in the organization, assistance, training and/or research of the Iberoamerican health systems, especially those concerned with primary health care and family medicine.

A lot of work and energy is needed to organise a Summit with these purposes, but we think the summits have an important role: for the improvement and growth of Family Medicine; for the maturing of our family medicine associations, especially in the skills we have to develop as WONCA CIMF to deal with governmental and non governmental institutions which establish or are interested in health and educational policies.

The decision to define the Andean region and the city of Quito, in Ecuador to host the V Summit, considered the firmness with which the Ecuadorian Government is pushing a reform based on primary health care. This decision implies a recognition and support for a strategy that it is necessary to deepen throughout the region.

The main theme of the V Summit is: Universal Coverage, Family Medicine and Social

Participation. Universal coverage and primary health care are, today, a central theme of the WHO. We think that the Summit can be a relevant contribution which WONCA Iberoamericana can make, to the WHO World Assembly to be held in May 2014, one month after our event.

Other issues of the Summit and subjects of the working groups are: FM/PHC, communication and social participation; current state (quantity quality) of training programs on FM in Iberoamerica; certification and accreditation for FM; FM/PHC, research and knowledge in Iberoamerica.

Searching for financial and political support to carry out the Summit, I was in Ecuador for five days in early October. There, I had several meetings with representatives of the Government of Ecuador, PAHO, universities, residents of Family Medicine, and colleagues of the Ecuadorian Society of Family Medicine (SEMF).

Accompanied by Dr Edgar Leon, the president of SEMF, I had a meeting with various dignitaries including: Dr Miguel Malo, Vice-Minister of Health; Dr Augusto Barrera, Mayor of the Metropolitan District of Quito; Dr Manuel Peña, representative of PAHO/WHO in Ecuador; Dr Patricia Granja, secretariat of PAHO; Mr Carlos Andres Emanuel, Director of international relations and cooperation of the Presidency of Ecuador; Dr Edison Chavez, Dean of the Faculty of Medicine of the Pontifical University Catholic of Ecuador (PUCE); Dr Susana Alvear, Coordinator of Postgraduate Medicine of PUCE; Dr Rodrigo Díaz, Director of postgraduate family medicine of PUCE-MSP; the Dean and other representatives of the Universidad Técnica de Loja; with family medicine residents and colleagues of SEMF. Also, I had the opportunity of share information about the Summit with the media and give interviews for TV and radio.

We are sure that the Summit will be a successful event, but we know we have to work hard, especially to have financial support, as the Minister of Health has said that they cannot support in this way. In the last week of November, Luis Aguilera, CEO of

CIMF, is to go to Quito to retry the attaining of financial support and, also, to give continuity to the process of organising the Summit.

With the change of dates of the WONCA Rural Health conference in Gramado, Brazil, to April, 5-6, 2014, and with the Summit being held on April 11 -12, it would be a good opportunity to attend both events and meet, between one and another, beautiful places of Brazil, Ecuador or any other south American country.

It would be four days of good scientific and politics activities with a little rest between them.

For more information on the Summit visit <http://www.cimfweb.org/>

Maria Inez Padula Anderson  
President – WONCA Iberoamericana CIMF

## WONCA EMR president reports on WHO meeting in Oman



Jordanian Minister of Health Dr Ali Hyasat (right) with WONCA leaders, Dr Oraib Alsmadi and Dr Mohammed Tarawneh (EMR President)

### WHO Regional Committee for the Eastern Mediterranean 60th Session, Muscat, Oman, October 27-30, 2013

WONCA EMR Executive Members received a formal invitation to attend this important meeting which attended too by H.R.H. Princess Muna Al-Hussein (Jordan), and ministries of health in the region in addition to other partners.

Prof Taghreed Farhat, Egyptian Family Physician Association and Dr Oraib Alsmadi, Jordan Society of Family Medicine, and Dr Mohammed Tarawneh, WONCA EMR president, participated in the meeting.

It was my first experience of attending such meetings, of the WHO Regional Committee, and also for my colleagues. The opening ceremony of the sixtieth session of the regional committee for the East Mediterranean was conducted on the evening of Sunday 27 October 2013 in the Majan Hall of Al-Bustan Hotel, Muscat, Oman.

#### WONCA statement

The following WONCA statement was delivered by Dr Mohammed Tarawneh

*The World Organization of Family Doctors, otherwise known as WONCA represents around half a million family doctors from 130 countries and territories across the world. WONCA's objective is to improve the quality of life of people through fostering high standards of care in family medicine.*

*As president of WONCA's EMR region, I would like to draw your attention to the following points relevant to the work of WHO-EMRO:*

- 1. The need to recognize the role of family doctors as a cornerstone in the delivery high quality Primary Care. As Dr Chan recently stated, "family doctors (provide) the bedrock of comprehensive, compassionate, and people-centred care".*
- 2. The need to invest in training family doctors in community settings at undergraduate and postgraduate level.*
- 3. The need to invest in training of other primary care workers in order to be able to provide better health services in areas where there are no family doctors yet, and to effectively support the work of family doctors where they already exist.*
- 4. The need to invest in well-resourced Primary Health Care Centres in the community that allow primary care teams to deliver high quality care.*

*Regardless of the accelerated development of health technology services in advanced health care levels, primary care must remain a priority in the different areas of WHO-EMRO. The importance of having strong primary care at the heart of all health systems is recognized globally in the declaration of Alma Ata and the 2008 World Health Report. It is a key*

*mechanism through which to achieve universal health coverage and reduce the global burden of non-communicable diseases.*

*As WONCA EMR president, I look forward to working with member states, honorable ministers of health, WHO-EMRO and partner organizations to further strengthen primary care in our region.*

### Meeting report Opening session

The formal opening, by the Minister of Health of Sudan and vice-chair of fifty-ninth session of the Regional Committee, was followed by a welcoming note by the Government of Oman and the keynote address by H.R.H. Princess Muna Al-Hussein (Jordan), WHO Patron for Nursing and Midwifery in the EMRO.

The following issues were presented by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean addressing Dr Margaret Chan (letter), WHO Director-General:

- Universal health coverage
- UN political declaration of NCDs clearly stated that prevention must be the cornerstone of the global response to the disease
- Unfinished MDG agenda and the place of health in the post 2015 development agenda
- Progress in implementing International Health Regulations
- Polio eradication

### Day one, October 27

The following subjects were discussed in the first day:

- Pooled vaccine procurement: review of
- Launch of WHO reports

### Day two, October 28

The following subjects discussed in the second day:

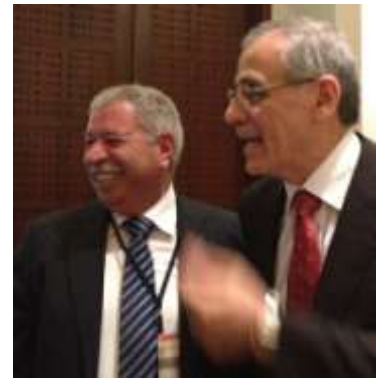
- Election of officers
- Adoption of the provisional agenda and the provisional daily time -table
- Decision of establishment of drafting committee
- Annual Report of the Regional Director
- Technical discussion : towards universal health coverage: challenges, opportunities and roadmap

### Day three October 29

The following subjects discussed in the third day:

- Regional strategy on environmental health
- Saving the lives of mothers and children, noting that as WONCA representatives we also underlined the role of Family Physicians in PHC sittings as a cornerstone in providing high quality health services in perinatal, antenatal and postnatal for the mothers as well as their children; we emphasized on the importance of reproductive health, family planning programs in addition to activation of the national registries for maternal deaths.
- International Health Regulations (2005): criteria for additional extension
- Implementing the UN Political Declaration on prevention ,NCDs and mental health, based on the regional framework for action, “ a technical paper” presented by WHO
- Regional strategy for the improvement of civil registration and vital statistics system
- Financial issues of the WHO
- Public health in the region; Views from the Lancet (Dr Richard Horton, Editor of the Lancet).

*Photo: Dr Mohammed Tarawneh (left) with Dr Ala Alwan, the WHO EMRO Regional Director*



### Other WONCA activities

Informal discussions were held with health ministers of Lebanon and Jordan, and other VIP representatives of Tunisia, Libya, Sudan, and Iran, where we focused with them on strengthening and supporting the role of FM specialty. In addition, two formal meetings with WHO Regional Director, Dr Ala Alwan and with Director General of Executive Board, Health Ministers Council for Cooperation Council of GCC, Prof Tawfiq Khoja.

The WONCA EMR statement (above) was distributed to the participants.

Dr Mohammed Tarawneh  
WONCA EMR President

## MEMBER ORGANISATION NEWS

### Chris van Weel at Korean Academy conference



At the conference in Seoul, Prof van Weel (second from right) with Prof JK Lee, WONCA Asia Pacific region president (far left) and Prof Kyunghee Cho (far right)

#### News from Korea

The Korean Academy of Family Medicine (KAFM) fall conference was held in Seoul, Korea on Oct 11-13, 2013, with the theme, *'Primary prevention of cardio-cerebrovascular disease by family doctors'*.

At the conference, Korea family doctors coined the slogan, *'What is my vascular age?'* and presented a customized health care program which gives assessment of cardio-cerebrovascular disease risk for Koreans. This program estimates patients' risk based on the domestic epidemiologic data and also gives out visualized patients' vascular ages as images. It is deemed a valuable tool for early management and detection of cardio-cerebrovascular disease and good communicating tool between doctors and patients.

At the plenary session, Prof Chris Van Weel, past president of WONCA (2007-10), gave an inspiring lecture, titled *'The importance of community based primary care practice'*. In his plenary lecture, Prof van Weel emphasized the importance of the community as the foundational base of primary care and research, teaching, and practice of primary care as a systemized chain of network, into which all three have to be merged based on the same foundation, the community. He also

asserted that the future of Korean family medicine depends on how well family medicine is blended into the community and, at the same time, proves to be a competent leader of community-based health care system, not hospital-based health care system. He also shared his opinion on how to teach and train the future primary care physicians including residents and students through another lecture titled *'Primary care residency training in European countries'* at another session of the conference.

He was invited to the conference as the recipient of Song Jung Award by Song Jung Memorial Foundation (see photo), established to commemorate one of the forefathers of Korean Family Medicine, Dr Bang-Bu Youn. ([more about the Song Jung Award](#))

The conference was a huge success with the total number of 1775 registrants, family medicine doctors around the country.

Prof Kyunghee Cho

Former President of KAFM

#### Chris van Weel writes of his experience in Korea.

In 2018, Seoul will be the place of the WONCA World Conference and this perspective gave an additional flavour to the invitation by the Korean Academy of Family Medicine (KAFM) (for me to attend their conference).

A visit to Korea is visiting a leading country in the development of smart technology. Even before disembarking at Incheon International Airport, I became aware of this, from the large numbers of freight planes, ready to fly out smartphones to the rest of the world. From the airport to the clinic: technology all around and above all, I discovered, in health care.

Health care in Korea is hospitals – large hospitals with a large variety of specializations and specialists. Among the many also family medicine. The context in which physicians work, determines to a large extent their performance and in the hospital context the disease paradigm and the medical model dominate. This is the context, the mind-set in which family medicine has to demonstrate its value. It is also the context against which the

Korean government has to project its future. And whatever the strength of hospital care, or the power of the medical sub-specialists organization, concerns over how tenable this is, begin to emerge. To secure health care for the future, policy is starting to focus on where most governments in most countries are focusing on: community based primary care.

This was the theme I was asked to carry though the annual conference of the KAFM. Inevitable, highlighting prevention, community priorities, integration of mental and physical health or continuity of care represents a different world. But it was exciting to see how wholeheartedly Korean family physicians warmed to the basic values and concepts of primary care. Here, the importance of international interaction becomes clear. And Korean family medicine has much to owe to the leadership of their founders who established the links to WONCA, epitomized in the person of Prof Bang-Bu Youn, but also of Prof Bon-Yul Huh and Prof Kyunghee Cho.

The gap between the desired, community leading, role of family medicine and its current designated one in the hospital setting, is large. Powers to oppose its transition are formidable. That is as it is, but against this, the enthusiasm and engagement of the KAFM is most encouraging. And it was, in particular, moving to experience the strong resonance with the pending paradigm shift Korea is facing, amongst residents and young family physicians.

At the conclusion of my week in Seoul I was much taken-in by our Korean Colleagues: they offer a wonderful hospitality, based in the

unique Korean culture, traditions and customs; in a city that is vibrant, clean and safe. All very important and promising conditions for the years ahead, in which Seoul and Korea will feature in a variety of roles in the future of primary care and family medicine.



Prof Chris van Weel  
Emeritus Professor of Family  
Medicine/General Practice  
Radboud University Nijmegen, The  
Netherlands  
Professor of Primary Health Care Research,  
Australian National University, Canberra  
Past President of WONCA

## Former WONCA president Michael Boland honoured

This year's Lifetime Achievement Award winner at the Irish Healthcare Awards was WONCA Past president, Dr Michael Boland.

The citation was delivered by Dr Muiris Houston who as a medical student first met, Michael Boland.

In speaking of Michael's WONCA related achievements he said "He joined the Council of WONCA representing Ireland in 1986 and was elected to join the World Executive in 1992. In 1998, he chaired the host organising committee for the WONCA World Conference, which was held in Dublin in 1998.... His time at WONCA culminated in his election as President in 2001. At that time, WONCA represented 65 countries, but over the course of his presidency that number reached 100."

To see the full citation and photo go to the [Irish Medical Times](#)

## FEATURED DOCTOR

### A/Prof Mohammad Husni JAMAL

#### WONCA conference chair - Malaysia



*A/Prof (Mohammad) Husni Jamal is chairman of the Host Organising Committee for the [WONCA Asia Pacific Regional Conference](#) coming up in Kuching in May, 2014. He is also a member-at-large, WONCA*

*Asia Pacific Executive for 2013-2015.*

#### Tell us about your path in family medicine?

I graduated from the Faculty of Medicine, University of Malaya, in 1980. After eight years of government service in various fields, I went into private general practice, beginning initially as a solo practitioner and subsequently the principal partner of Klinik Husni, Tengku Mohamed dan Rakan-rakan. I am a Fellow of the Academy of Family Physicians of Malaysia and a Fellow of the Royal Australian College of General Practitioners, and also hold a degree in Masters in Business Administration

After 25 years in private family practice, I retired and decided to become an academic and was offered the post of Associate Professor in the Department of Family Medicine, Faculty of Medicine, Cyberjaya University College of Medical Sciences since 2012, and I hope to further my interest in Health Management, focusing on Primary Care.

I have been actively involved in the Council of the Academy of Family Physicians of Malaysia (AFPM) since the year 2000, having served in the following posts : Council member; EXCO and Honorary Treasurer; Director of Medibase (the subsidiary of AFPM that coordinates postgraduate courses); Quality Primary Care, another subsidiary of AFPM; AFPM Board of Examiners; and AFPM's representative to WONCA Asia Pacific Council and WONCA World Council.

I have also sat on the following committees in the Ministry of Health : Committee on Managed Care; Organising Committee member of National Primary Healthcare Conference Malaysia 2008; Influenza A H1N1

Technical Committee 2009. I have been Honorary Secretary of the ASEAN Regional Primary Care Physicians ( ARPaC ), since its inception in 2007.

#### You have attended many WONCA conferences – tell me of your WONCA involvement

My first exposure to the world of WONCA was the WONCA AP Regional Conference in Kyoto, Japan, in 2005. Ever since then, I had not missed a single WONCA AP and World WONCA conferences, except for the WORLD WONCA in Cancun, Mexico, in 2010.

WONCA has enabled me to make friends, especially family physicians, from all over the world, and the joys of working and sharing experiences with them. I learn to appreciate the wonderful work done by fellow colleagues, in different conditions - some with all the most updated technologies and modern, comfortable environment ; whilst others toil and serve faithfully in conditions full of hardship - but truly, the pride of serving as a Family Physician, irrespective of the environment, is one that I appreciate most, from all of them.

And I too, share their pride in being one.



*Photo: Husni in Prague in 2013, with Prof Amanda Howe (WONCA President Elect) and Prof Zorayda 'Dada' Leopando (Chair of WONCA working Party on Women in Family Medicine)*

And I have dedicated a WONCA page in my Facebook to share my memories with my friends.

I must acknowledge and express my sincere appreciation to the late Dr M K Rajakumar (

for whom the Rajakumar Movement was created in honour of ), who ' jolted ' me into the world of WONCA, when I joined him in Kyoto in 2005, and to my mentor and WONCA travelling companion, Datuk Dr Daniel Thuraiappah, with whom I share many wonderful memories of the WONCA family ever since we became buddies from Kyoto onwards.

### **About primary care in Malaysia**

#### **Public healthcare :**

Malaysia has a mixed public-private healthcare system. In the public sector, the Ministry of Health is the main healthcare provider through its extensive network of primary care clinics.

The development of Primary care was the focus of health ever since the country, Malaya (then), gained Independence from the British in 1957. As such, it is considered to be very well structured today, and certainly one of the best in this region.

In the public sector, primary care is provided mainly by the Ministry of Health ( MOH ) under a two tier system – comprising of rural clinics manned by one or two community nurses; and Health Clinics ( or called Community Polyclinic for newer clinics) and Maternal &

Childhealth Clinics in bigger rural towns and in urban areas, providing a comprehensive range of services. To enhance equity of care, the public clinics initially focused on rural areas, but it has now targeted the urban poor as well.

In more than 250 health clinics, a family physician is made available, assisted by several medical officers and other support staff. The whole range of care is available, taking the life-course approach to care, including maternal and child health; geriatrics. emergency services and various support services (which include Radiology, Laboratory and Pharmacy services).

Patients access to the MOH primary care service is direct, as walk-in patients ; on the other hand access to specialist services in primary care centres or hospitals is through referrals to ensure appropriate use of scarce resources. However, in the private sector, access is based on ability to pay and therefore, does not require any referral in most cases.

#### **Private Healthcare :**

Private general practitioners operate as solo or group practices, and they form the major providers in the urban areas. However, of late they have also expanded into the smaller towns too. It is estimated there are about 7,000 general practitioners in the country.

Presently, the Malaysian system allows doctors without a specialist qualification to practice as general practitioners as opposed to other countries that do not allow this.

### **Can you tell me about the Academy of Family Physicians of Malaysia?**

The Academy was established as the College of General Practitioners of Malaysia in 1973. It was renamed as the Academy of Family Physicians of Malaysia (AFPM) after its application for registration was approved by the Registrar of Societies in 1996.

The primary aim of the AFPM is academic; that is education, training, assessment, research and publication in the discipline of general practice/family medicine.

The AFPM has been in the forefront in the provision of General Practice education and training in areas related to the practice needs of its members. These courses are conducted in collaboration with local and foreign institutions.

### **Is there Family Medicine Specialty training in Malaysia?**

The training of Family Medicine as a specialisation in Malaysia is by way of two alternative pathways. The first option is through the University 4-year Masters programme, leading to the qualification of Masters in Family Medicine -currently, the number of Family Medicine specialists who graduated from this programme is 250. The second option is by obtaining the professional conjoint MAFP/FACGP certification coordinated by the Academy of Family Physicians of Malaysia and the Royal Australian College of General Practitioners. To date, 309 doctors have successfully passed this examination.

The jewel in the crown of the AFPM is the training of general practitioners towards the speciality of family medicine. The Academy has undertaken this course in conducting a four year structured program. For the first two years, the general practitioners undertake the



Diploma in Family Medicine ( DFM ) which qualifies the doctor to be a trained general practitioner. This status may be required by the Malaysian Medical Council eventually for one to practice as a general practitioner.

Currently, the number of those who passed the Diploma in Family Medicine is 313, and another 397 are undergoing the course.

The trained general practitioner with the DFM qualification is the requirement to enrol for the Advanced Training Program (ATP) which prepares for the professional exam, which is the Membership of the Academy of Family Physicians. This examination is conducted conjointly with the Fellowship of the Royal Australian College of General Practitioners.

The ATP programme had recently been introduced, and 11 doctors recently graduated from the first batch. Another 143 candidates are undergoing this course.

The Academy conducts other courses in specialised disciplines of Cardiovascular diseases, Ultrasound and Dermatology in primary care.

Members are encouraged to continually enhance their skills and practices by enrolling in the quality improvement program to come into international standards of practising quality and safe healthcare practices. The Academy guides and certifies practices to maintain best practice standards in the clinics.

## Dr Raman Kumar : Young Doctor representative - India

Dr Raman Kumar holds a longstanding interest in making a contribution to primary care and has been actively involved with development



of academic family medicine in India. Raman belongs to the first generation of residency trained family physicians in India. Immediately after completing residency training he along with his young

colleagues founded the Academy of Family Physicians of India (AFPI). AFPI has quickly emerged as a strong vocal proponent for academic family medicine in India. At AFPI, with a the team of young colleagues Raman as credited with organizing 1st National Conference on Family and Primary Care in India, which attracted international family medicine leaders as well as all major stake holders in health sector in India.

Raman completed high school from his home town Chhapra, a small place in the Indian state of Bihar. He was the topper of his school in the exit board examination and was also judged the best the best all round student. During schooling he pursued various interests including sports, music and debates. He learnt to play Indian classical music on Hawaiian guitar and also earned a diploma in this subject.

After schooling, he secured admission in the MBBS course at Patliputra Medical College Dhanbad (now in the state of Jharkhand)

through a state level competitive entrance examination. As a medical student, he was inclined and interested in understanding systemic problems in healthcare and medical education system. He was also interested in national health programs and doing community work. Immediately after completion of MBBS, he contemplated pursuing a career in public health. Soon he came to know about a three year full time course in Family Medicine (the 'Diploma of National Board'). The concept was new but it suited his temperament and aspiration to become a respected and useful doctor for his community at his hometown. At the training institute, he was the first resident to join family medicine and he was able to clear the prestigious and tough board examination in the first attempt.

Raman is also one of the founding members and currently chair of the Spice Route Movement. It was at the Kathmandu WONCA South Asia region conference, in 2010, that the Spice Route Movement (junior doctor group for South Asia) was inaugurated by Prof Richard Roberts then WONCA president. Raman represented the Spice Route at the preconference of young doctors at the WONCA World Conference, in Prague in 2013. He is also the South Asian representative for "FM 360" the evolving international exchange program. Raman actively participates in affairs of the WONCA Working Party on Research and WONCA Special Interest Group on Point of Care Testing.

Raman is also the Editor in Chief of the Journal of Family Medicine and Primary Care ([www.jfmpc.com](http://www.jfmpc.com)). He is Presently he is presently working as medical officer at ILBS Hospital an autonomous institution of Government of Delhi. He is happily married to Alka, who is a biotechnology professional. He also has been conferred with several awards and recognitions which include Healthcare Leadership Award 2012 India and Montegut

Global Scholar Award 2013 by American Board of Family Medicine.

Raman has a passion for developing strong family medicine and believes in team work. He eagerly looks forward to work with medical students, trainees, residents and young doctors across the globe.

## Español

*Traducción: Eva Tudela, Spanish Society of Family and Community Medicine (semFYC) Director*

### Del Presidente: una visita a Brasil



*El Presidente de WONCA, Michael Kidd, con los entusiastas alumnos de medicina de familia en Brasil.*

Brasil es líder mundial en el tratamiento de la cobertura universal de salud a través de los equipos de medicina familiar. En noviembre, en una de las favelas (barrios marginales) de Río de Janeiro, tuve la oportunidad de reunirme con el médico de familia Euclides Colaço y sus colegas. Esta visita me permitió ver el famoso modelo "Equipo de Salud Familiar" de Brasil en acción.

El Dr Colaço trabaja con un residente de medicina de familia, dos enfermeras y seis agentes de la comunidad (trabajadores de salud de la comunidad), ofreciendo cuidado integral en consulta y domicilio, a una población definida de 4.500 personas. En la actualidad hay más de 33.000 equipos de salud familiar similares en todo Brasil y el gobierno está tratando de ampliar el modelo aún más a través de su proyecto Mais Médicos (Más médicos), para asegurar que cada uno de sus 200 millones de ciudadanos

tengan acceso a la atención primaria de alta calidad que se ofrece a través de un equipo de medicina familiar bien formado y respaldado.

*foto: El jefe del equipo de salud familiar, el Dr Euclides Colaço, hablando con la Presidenta regional de WONCA Iberoamericana CIMF, la Dra. Inez Padula.*



Había viajado a Brasil para participar en un Foro Mundial sobre Recursos Humanos para la Salud, convocado por la Organización Mundial de la Salud (OMS) y la Alianza Mundial de Trabajadores de la Salud. Este ha sido siempre el mayor foro centrado en los trabajadores de salud y en la salud mundial y en él participan ministros de salud y funcionarios de salud de alto nivel de 93 países, llegando a compromisos para asegurar que las naciones del mundo formen a suficientes profesionales de la salud como para satisfacer las proyecciones de cobertura universal de salud, y que estemos capacitando a las personas adecuadas con

las habilidades necesarias para trabajar en los lugares y con las comunidades donde más se necesita.

El papel de los médicos de familia en la cobertura universal de salud es ahora bien reconocido, y me invitaron a abordar el foro sobre cómo los equipos de atención primaria pueden ser equipados, incentivados y capacitados para proporcionar alta calidad, primer contacto, continuidad, integralidad, coordinación y atención centrada en la persona en las comunidades locales.

Los trabajadores de salud son, por supuesto, esenciales para los sistemas de salud, sin embargo, el mundo se enfrenta a una grave escasez de médicos/as, enfermeros/as y otros trabajadores de la salud. Para lograr la cobertura universal de salud, la OMS estima que el mundo necesita 4 millones de trabajadores sanitarios adicionales, situados sobre todo en las zonas y países de mayor necesidad. WONCA es un miembro permanente de la Alianza Mundial de Trabajadores de la Salud y nuestro grupo de trabajo sobre la práctica rural, en particular, ha estado trabajando en estrecha colaboración con la Alianza y la OMS sobre la manera de abordar la escasez de mano de obra en las zonas rurales y remotas.



*foto: El Dr Euclides Colaço con la agente comunitaria del equipo de medicina familiar Priscila y un mapa que muestra la región que su equipo cubre en su favela local en Río de Janeiro.*

El Dr Euclides Colaço con la agente comunitaria del equipo de medicina familiar Priscila y un mapa que muestra la región que su equipo cubre en su favela local en Río de Janeiro.

En el avance hacia la cobertura universal de la salud, la medicina de familia y sobre todo,

la atención primaria basada en el equipo, debe jugar un papel central y los médicos de familia pueden hacer contribuciones significativas. En particular, se reconoce que un enfoque en equipos de atención primaria bien entrenados y con trabajadores de salud respaldados permitirá este tipo de equipos que comprenderán mejor y satisfarán las expectativas de la comunidad, proporcionando atención centrada en las personas, integralidad, y que al mismo tiempo, fortalecerán la motivación y la productividad de los trabajadores de la salud.

También se reconoce que la educación del personal sanitario y su formación es importante para combatir el estigma y la discriminación, para garantizar los servicios de salud sensibles y adecuados en lo social, en la diversidad cultural y la religiosa, así como con cualquier espectro de edad o con personas con discapacidad.

También me invitaron en el foro a reflexionar sobre cómo las nuevas tecnologías tienen un gran potencial para apoyar a los trabajadores de salud que prestan cobertura de salud universal. Los teléfonos móviles y la tecnología de telemedicina están ayudando a superar la tiranía de la distancia en muchas partes del mundo, mientras que los sistemas de historiales médicos electrónicos pueden fortalecer la capacidad de respuesta del sistema de salud, mediante el apoyo a las relaciones entre los trabajadores de la salud con el paciente y la continuidad y disponibilidad de los cuidados centrados en el paciente. Las nuevas tecnologías también pueden tener potencial para motivar a los trabajadores de salud proporcionando nueva información y formación, y pueden tener beneficios para la salud pública más amplios en términos de ofrecer educación para la salud y datos para la investigación epidemiológica, entre otras. Es muy importante que los gobiernos impliquen a los trabajadores de la salud en la planificación e implementación de la integración de estas tecnologías en los sistemas de salud, con ejemplos recientes en algunos países de ingresos altos que demuestran los retos que surgen al no hacerlo.

La declaración del foro, La Declaración Política de Recife sobre Recursos Humanos para la Salud: compromisos renovados hacia la cobertura universal de salud, firmada por los ministros de salud y otros 93 representantes de los gobiernos actuales, está disponible en:

[www.who.int/workforcealliance/forum/2013/recife\\_declaration\\_17nov.pdf](http://www.who.int/workforcealliance/forum/2013/recife_declaration_17nov.pdf)

Hubo una serie de documentos lanzados en el foro, incluyendo el nuevo informe de la OMS, Una verdad universal: no hay salud sin una fuerza laboral, que tiene un fuerte enfoque en la "reorientación de los sistemas de salud hacia la atención primaria":

[www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/](http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/)

Mientras estuve en Brasil también me reuní con nuestra Presidenta Regional de WONCA para la Región Iberoamericana - CIMF, Inez Padula, y con los miembros de la Sociedad Brasileña de Medicina Familiar y Comunitaria, incluido el Presidente Nulvio Lerman y el Vicepresidente Thiago Trindade, y tuve el privilegio de ser invitado a hablar con los residentes de medicina de familia en el nuevo Auditorio Barbara Starfield, en el centro nacional de la sociedad en Río de Janeiro. También conocí en Brasilia al Secretario de Salud y a miembros de alto rango del Departamento de Salud de Brasil y compartí mi experiencia sobre algunas de las soluciones que se han encontrado a los desafíos de personal sanitario en otras partes del mundo.

Salí de Brasil con un reconocimiento mucho mayor por el gran trabajo de los médicos de familia en este país y una mejor comprensión del modelo de equipo de salud familiar y sus continuos retos al tratar de brindar una atención primaria de alta calidad para todas las personas.

Tendrás dos grandes oportunidades para unirse a nuestros colegas de Brasil y aprender acerca de estos desarrollos en tu propio beneficio, así como de obtener cierta inspiración sobre cómo podrías hacer las cosas de manera diferente en tu propio país. En primer lugar, en 2014, en la conferencia mundial de salud rural de WONCA en Gramado, en la hermosa región montañosa en el sur de Brasil, y luego en 2016, en la próxima conferencia mundial de WONCA en Río de Janeiro.

#### POSDATA

Mientras esta edición del WONCA News entraba en imprenta, el mundo se entristecía por la noticia de la muerte de Nelson Mandela. Nos unimos a nuestros colegas de Sudáfrica en el duelo por la pérdida de este hombre extraordinario cuya influencia ha tocado tantas vidas.

Nelson Mandela tuvo el don de ser alguien a quien todos pudimos admirar. Alguien que se sobrepuso a grandes retos con dignidad. Alguien con gran compasión por la humanidad. Alguien que utilizó su gran inteligencia y talento para el liderazgo y para hacer de nuestro mundo un lugar mejor.

Michael Kidd  
Presidente de WONCA

## Fragmentos de Política con Amanda Howe, diciembre 2013

### El debate del perfeccionamiento profesional



*La Profesora Amanda Howe, nuestra nueva presidenta electa, afirmó en su discurso en el Consejo WONCA que iba a "ayudar con mensajes políticos. En WONCA... sabemos lo que queremos decir. Me gustaría trabajar en cómo lo decimos, conseguir*

*documentos de información clara, precisa, para que puedas adaptarla al uso en tu entorno." Así que ahora invitamos a Amanda a afrontar ese reto. Aquí está la tercera propuesta de Amanda, que va a ir ofreciéndolas de forma regular.*

En los últimos seis meses, por visitas de

WONCA, he estado en cinco países en los que ha habido un debate nacional activo por la relación entre los especialistas de medicina de familia (EMF) y los médicos no profesionalmente cualificados (NPC) que trabajan en atención primaria y en la comunidad. En muchos países, incluyendo el Reino Unido, hay una historia viva de médicos que trabajan como los principales proveedores en el primer punto de atención médica sin tener una cualificación específica de medicina familiar (como la MRCP en Reino Unido). A menudo, son mucho más numerosos los que son EMF, especialmente en lugares donde la Medicina de Familia es una disciplina relativamente nueva a nivel de postgrado. Un debate paralelo es el que se refiere a los

trabajadores de salud no médicos, que son cualificados y que, sobre todo en entornos de menores recursos, pueden ser la principal fuerza de trabajo de atención primaria para grandes sectores de población.

¿Por qué esta situación está planteando desafíos? En todos los entornos, los trabajadores de la salud son un importante recurso público y son esenciales para satisfacer las necesidades de salud de las personas, por lo que todas estas personas tienen un valor potencial en el sistema de atención de salud. Creo que las preocupaciones de nuestros órganos de WONCA surgen cuando los gobiernos, después de haber sido convencidos para el caso de la expansión de la atención primaria, toman una de las siguientes posiciones:

1. "Queremos ofrecer un gran número de médicos de familia, por lo que vamos a llamar a alguien que haya estado trabajando en un entorno de atención primaria durante años, practicando la medicina general, un médico de familia / EMF ", etc.
2. "Vamos a invertir en médicos de familia, para que nos ayuden a cubrir el servicio del hospital del distrito".
3. "Vamos a invertir en médicos de familia, pero todavía dejaremos trabajar donde quiera a cualquier médico sin esta cualificación ", permitiendo así que otros especialistas tengan acceso directo a los pacientes, y/o permitiendo que continúen existiendo médicos sin titulación de postgrado en servicio durante un largo plazo.
4. "Preferimos invertir en trabajadores más baratos (es decir, los no médicos) y dejarles gestionar los servicios de la comunidad."

Cada país tiene que trabajar con su propia situación, su historia y sus recursos, y tenemos que respetar el trabajo duro de los profesionales de la salud independientemente de su formación. Nuestro presidente, Michael Kidd, dijo en su discurso inaugural que "Muchos países tienen un gran número de médicos generales que no han recibido la formación de postgrado, pero que desean ser reconocidos como médicos de familia especializados. Necesitamos acoger a todos nuestros colegas de la atención primaria. Tenemos que encontrar formas innovadoras de trabajar en cada uno de nuestros países para mejorar las cualificaciones y apoyar el desarrollo profesional de nuestros compañeros. No podemos permitirnos el lujo de no tener en cuenta las contribuciones de

todos los médicos que trabajan en la atención primaria".

He visto buenos ejemplos de lo siguiente:

- Organizaciones miembro de WONCA formando vínculos directos con grupos que representan a las sociedades de NPC para tratar de desarrollar una solución compartida.
- Una posición nacional que reitera el objetivo estratégico de los especialistas en Medicina de Familia (MF) como líderes potenciales de equipos en la comunidad, así como para ofrecer atención aguda y urgente.
- La defensa de una fecha límite más allá de la cual solo los que cumplen en la especialización en MF pueden mantener su estatus en el sistema. Esto tiene que ir acompañado de un sistema que requiere a la población que esté registrada con un especialista en MF y que evite la libre remisión directa al especialista.
- Una planeada actualización de las capacidades de los NPC en un período de tiempo ('fast track') con una cualificación de MF al final del período. Esto puede ir acompañado de una cláusula de "abuelo": por ejemplo, que los médicos mayores de 50 años puedan continuar trabajando como un NPC, pero los que estén por debajo de la edad tienen que mejorar las cualificaciones.

En general, el dicho de salud pública de "darle a todo el sistema una velocidad superior" podría proporcionar la mejor estrategia: aspirar a disponer de más personas formándose en MF, además de añadir las competencias de estos otros médicos y profesionales de la salud que trabajan en atención primaria. La conclusión aquí es que tenemos que animar a formar en nuestra propia disciplina, pero también a otras personas que trabajan con nosotros en atención primaria y persuadir a los gobiernos de que se necesitan ambos tipos de trabajadores. Como ha dicho Michael Kidd "¡No podemos permitirnos el lujo de dejar a nadie atrás!"

Por último, WONCA no parece tener una declaración de política específica sobre este tema. Creo que pensamos que debe haber un médico de medicina familiar para cada familia. Esto no excluye a otros médicos y trabajadores, pero que quede claro que nosotros esperamos que exista el objetivo de que haya un médico de familia para todos. ¡Las opiniones serán bienvenidas!  
Profesor Amanda Howe

WONCA Presidenta Electa

La autora agradece los comentarios del Dr. John Wynn Jones, del Presidente, el Profesor Michael Kidd, y del miembro del ejecutivo ampliado de WONCA, la Dra. Luisa Pettigrew.

**Ahí tienes el argumento: ¿se aplica en tu entorno?**

Envía tu estudio de caso a la Prof. Amanda Howe, presidenta electa de Wonca a la

dirección: [amanda.howe@wonca.net](mailto:amanda.howe@wonca.net)

O para dar tus puntos de vista, entra o únete al foro de WONCA:

[Entra en el foro WONCA](#)

[Regístrate en el foro](#)

## Del Director Ejecutivo: El Movimiento de los Jóvenes Médicos de WONCA

Este mes quiero llamar la atención sobre el Movimiento de los Jóvenes Médicos de WONCA y el fantástico trabajo que están haciendo. Esta es la próxima generación de líderes de la medicina de familia y de WONCA y es maravilloso ver tanta energía y entusiasmo, que asegura que el futuro de la medicina de familia está a salvo en sus manos.

Uno de los grandes éxitos de la reunión del Consejo en Praga fue la decisión de ampliar la composición del Comité Ejecutivo con la inclusión de un representante de los Médicos Jóvenes. Esta persona va a representar los puntos de vista de los movimientos de jóvenes médicos en el Ejecutivo, pero también las visiones más amplias de todos los médicos en formación de la organización. La esperanza es que a partir de 2016 los propios Movimientos de Médicos Jóvenes elijan a esta persona, pero para evitar cualquier retraso en el nombramiento, el Ejecutivo hará la primera elección para que la persona seleccionada pueda asistir a la próxima reunión del Comité Ejecutivo en Londres, en enero de 2014.

El Ejecutivo elaboró unos términos de referencia para el puesto y los difundió lo más ampliamente posible, invitando a los médicos, estuvieran en formación de medicina familiar o en el periodo después de cinco años de haber finalizado la residencia. Se recibieron 28 solicitudes y - mientras escribo - el Ejecutivo tiene la difícil tarea de elegir solo una de estas excelentes propuestas. El candidato seleccionado se conocerá a principios de noviembre y se destacará en el próximo mes en el WONCA News, pero estoy seguro de que él o ella supondrá una gran aportación al Ejecutivo.

WONCA tiene cinco movimientos de jóvenes médicos, que cubren la mayor parte de

nuestras regiones. Tenéis disponibles - como siempre - más detalles en [el sitio web de WONCA](#), pero para que tengáis un breve resumen:

### Vasco da Gama (Europa)

El grupo más antiguo, después de haber sido fundado en 2005, y posiblemente el más activo. VdG organiza varias reuniones a lo largo del año, incluyendo las reuniones previas de todos los Congresos de WONCA Europa y Mundiales. Además, facilita activamente los intercambios internacionales. Su Presidente es Harris Lygidakis (Italia).

### Rajakumar (Asia Pacífico)

El Movimiento Rajakumar se creó en 2009 y cubre la región de Asia Pacífico en WONCA. Se trata de una vasta región y posiblemente por ello aún no ha conseguido ser tan activo como otros grupos, pero está avanzando y vamos a alentarles y apoyarles de la mejor manera posible durante el próximo trienio. Su Presidenta actual es Naomi Harris (Australia)

### Waynakay (Latinoamérica - CIMF)

Waynakay significa "juventud". Este movimiento se inició en Cancún en mayo de 2010, durante la Conferencia Mundial. Se ha tomado como modelo el Movimiento VdG de Europa y su misión es fortalecer la medicina familiar en los países de América Latina, promocionar el liderazgo, la educación médica, la investigación y el intercambio entre jóvenes médicos de la especialidad. Su Presidente es Xavier Maldonado (Ecuador).

### Ruta de las Especies (Asia del Sur)

La Ruta de las Especies, para los jóvenes doctores de la Región de Asia del Sur, se estableció en diciembre de 2010 en la Conferencia de la Región de Asia del Sur, en Nepal. Sus actividades están creciendo año tras año, con reuniones de pre-conferencia en

varios lugares. Su Presidente es Raman Kumar (India), pero con representantes de toda la región.

#### **AfriWON (África)**

El último Movimiento de Jóvenes Médicos de WONCA, debutó en la Conferencia Mundial de Praga en junio de 2013. AfriWON ya es un grupo muy energético y activo. Está preparando sus actividades para su primera reunión previa a la conferencia en Ghana, en febrero de 2015, justo antes de la próxima Conferencia de la Región WONCA África. Su Presidente es Kayode Alao (Nigeria). AfriWON ha sido recientemente presentado en [un WONCA NewsItem](#)

Así que... Animamos a todos los médicos jóvenes a unirse y participar en las actividades de su propio movimiento de jóvenes médicos regional. Más detalles, incluyendo el contacto por correo electrónico, se encuentran en los sitios web antes detallados.

#### **WONCA Conferencia de Salud Rural 2014**

La 12ª Conferencia de Salud Rural WONCA se celebrará en Gramado, Brasil, en 2014. Los organizadores sufrieron un desafortunado "acto de Dios", al producirse excepcionales nevadas de fuerte intensidad que causaron la caída del techo de la sede prevista, lo que ha exigido un cambio de sede y de fechas. Por favor, recuerda que la conferencia se sigue celebrando en Gramado, pero que las fechas han cambiado y ahora son del 2 al 6 abril de

2014. Nuestro sincero reconocimiento a los miembros del Grupo de Trabajo WONCA de Salud Rural y al Comité Organizador



Anfitrión por reorganizar tan rápidamente la Conferencia. Esperamos que la asistencia no se vea afectada.

#### **ICPC App para iPhone**

Por último, este mes estamos contentos de poder promover una aplicación para Smart Phone que permite cargar los códigos ICPC en los teléfonos y facilitar su consulta. Desarrollado por el Dr Carlos Martins, un médico de familia de Portugal, y con licencia de WONCA, esta aplicación está pensada sobre todo para los colegas que trabajan en las zonas más rurales o aisladas. Como WONCA recibe una pequeña cantidad por cada aplicación vendida, os animamos a todos los miembros de la WONCA a descargar esta aplicación en vuestros teléfonos. [Tanto Apple como las versiones de Android ya están disponibles.](#)

Eso es todo desde Bangkok este mes. Nuestros mejores deseos para todos los miembros de WONCA, de parte del personal de la Secretaría.

Dr Garth Manning  
Director Ejecutivo

## **Desde la pre-conferencia al Forum: una extraordinaria sinergia**

[Vasco da Gama Barcelona forum - February 7-8, 2014](#) [Vasco da Gama Lisbon preconference, July 1-2, 2014](#)

Cuando la idea de celebrar un nuevo encuentro para el VdGM, el Foro VdGM, nos vino a la mente hace aproximadamente un año, una mezcla de sentimientos de optimismo y miedo vinieron de inmediato a agitar nuestras mentes como un viento de tormenta anunciado en una tarde calurosa de verano. Las tareas a realizar han contrastado con nuestra... "jovencilla" experiencia y muchos de nosotros, muy justamente, debo admitir, cuestionamos nuestra capacidad de ir a por un proyecto tan ambicioso.

Pero, sin embargo, ¡apetecía! Parecía que el momento era propicio para que nuestro movimiento expandiera sus horizontes y

creara un evento con un programa científico y cultural a medida, donde todos los miembros de VdGM, ya fueran antiguos o nuevos, se unieran por una buena red que reavivara viejas amistades y construyera otras nuevas.

Honestamente, no es exagerado afirmar que todos los miembros de VdGM, desde 2004 hasta ahora, han estado construyendo el camino que a la larga nos traería a este gran acontecimiento. Desde los fundadores de nuestro movimiento a todos los miembros del consejo, los coordinadores de intercambio, los participantes de los grupos temáticos, los participantes en la pre-conferencia... Todo el mundo ha puesto una piedra importante para construir la vía que conduce a Barcelona los días 7 y 8 de febrero.

Pero, espera: ¿qué pasa con la pre-conferencia?

Mientras nos preparamos para celebrar el lanzamiento del Foro, también seguimos trabajando duro en la próxima pre-conferencia que se celebrará en Lisboa en 2014.

Durante muchos años, la pre-conferencia ha sido un evento fenomenal. Se han presentado muchos aprendices y jóvenes a la familia de la WONCA y a WONCA Europa. Y creo firmemente en esto, porque yo era uno de esos aprendices novatos hace unos años.

Sven Streit, el anterior presidente de VdGM, una vez nos narró la belleza de esa presentación. Un residente puede participar en la pre-conferencia el primer año e interesarse en uno de los grupos temáticos y tal vez, el año siguiente desearía ser más activo, hacer un intercambio de Hipócrates, participar en un estudio de investigación o contribuir a un taller educativo. Y de nuevo, en los años venideros él / ella podría desear estar aún más implicado, tal vez como líder de un proyecto, como coordinador de grupo, coordinador de intercambio nacional o incluso como miembro de nuestro Consejo de Europa o el Ejecutivo.

Cuando un joven médico de familia complete el viaje VdGM, él / ella se habrá familiarizado con todas las principales actividades de la WONCA y de WONCA Europa y se le habrá facilitado la elección del lugar(es) más apropiado(s) para continuar con su desarrollo personal y profesional. ¿No es ese un viaje asombroso? Y comienza con la simple inyección de un virus muy contagioso de optimismo y activismo en la pre-conferencia, como mi buen amigo Martin Sattler afirma. La pre-conferencia es donde comienza la magia. Es el lugar donde los recién llegados son

presentados al Movimiento Vasco da Gama, a la WONCA y a la familia de WONCA Europa.

Y esto se hace de una manera muy simple, pero magnífica: con la premisa (o pretexto, si lo prefieres) de discutir sobre un tema de atención primaria, los recién llegados empiezan a hablar de sus propias vidas, de cómo se han interesado en la Medicina de Familia, sobre los problemas que afrontan en casa y también sobre sus sueños y aspiraciones. En Málaga, en la pre-conferencia de hace unos años, se me pidió que describiera cómo me imaginaba a mí mismo en 5 ó 10 años frente a un público con una mezcla de recién llegados y miembros de VdGM antiguos. Bueno, a pesar de que me sentía ingenuo o incluso miedoso en ese momento, eso ha sido parte de mi pensamiento desde entonces. Fue uno de esos momentos que pueden definir a una persona, lo que soñé se ha convertido en un objetivo que he buscado activamente desde entonces. Mirando hacia atrás a la pre-conferencia, puedo sentir gratitud por esa oportunidad.



Así que me gustaría pedirte que extiendas esta invitación a nuestros colegas más jóvenes que no han estado en contacto con VdGM y la familia WONCA todavía. ¡La pre-conferencia de Lisboa puede ser el momento del lanzamiento hacia su viaje asombroso!

Charilaos (Harris) Lygidakis  
Presidente de VdGM

## Una visita a la Asociación Ucraniana de Medicina Familiar (AUMF)



(NMAPE), jefe del primer Departamento de

El Profesor Grygorii Lysenko era un famoso científico ucraniano, un profesor con talento y organizado, el director del primer Instituto de Medicina Familiar de la Academia Nacional de Educación de Postgrado

Medicina Familiar y Presidente de la Asociación Ucraniana de Medicina de Familia (AUMF) hasta su muerte, en octubre de 2013. Fue fundador de la medicina familiar en Ucrania, su vida la dedicó al desarrollo de la ciencia médica, la medicina familiar y la mejora del sistema de la educación médica de postgrado de los médicos de familia en Ucrania.

El Profesor Lysenko era una persona muy inteligente, brillante mentor y maestro, que con



muchos de sus alumnos y colegas trabajó con éxito en el desarrollo de la medicina familiar. Fue un profesor sabio, un médico muy respetado y una persona amable y sincera.

Bajo su liderazgo, se creó la primera Facultad de Medicina de Familia en el Instituto, y la especialidad fue reconocida oficialmente en 2010, aunque el AUMF ha existido durante 15 años y la medicina de Familia comenzó hace 25 años. El Prof. Lysenko trabajó incansablemente para reunir a los líderes y a las organizaciones académicas y comunitarias por la aplicación eficaz de la medicina familiar en Ucrania y participó activamente en WONCA para la información y apoyo del desarrollo de la medicina de familia en su amado país. Más sobre Prof. Lysenko.

Fue en su invitación antes de su muerte, y por lo tanto con placer y dolor, cuando visité Ucrania del 22 al 24 de octubre, para hablar en el Congreso Nacional de la AUMF. También tuve la oportunidad de visitar una clínica de medicina familiar y fui recibida en varias reuniones con el Instituto (NMAPE) y el Ministerio de Salud. Me gustaría contar la siguiente buena noticia: las reformas en el sistema de salud de Ucrania, que apoyan el desarrollo y la priorización de la atención primaria de la salud, están en marcha en cuatro regiones piloto aunque no existía un claro compromiso con el establecimiento de la medicina familiar y la modernización de la atención primaria en todo el país durante la próxima fase hasta el año 2020.

El Congreso en sí fue impresionante, con 1.300 participantes inscritos y los centros de todo el país conectados a las sesiones plenarias (con vide-conexión, que registró cerca de 10.000 participantes por Internet). ¡Pudimos ver salas llenas de delegados y escuchar a sus médicos de familia locales liderando las intervenciones y haciendo preguntas! Esto se hizo a través de la conexión interactiva con seis universidades. El Ministro de Salud se conectó por vídeo en el segundo día del Congreso. (Nota: la editora de WONCA ha sido informada de manera fidedigna de que el Ministro de Salud se refirió a la actitud positiva de la Prof. Amanda Howe hacia las reformas de salud locales en el noticiero de la noche en la televisión).

Tanto el profesor Janko Kersnik (Presidente *(semFYC) Director*

de EURACT) como yo estábamos presentes y estuvimos encantados de oír que WONCA fue mencionada positivamente y en varias ocasiones por otros oradores plenarios. A pesar de la pérdida del Prof. Lysenko, los ánimos eran positivos y el Ministerio respaldaba claramente a la Asociación de Medicina de Familia.

Sin embargo, sigue habiendo dificultades, y el Consejo de la AUMF tenía una lista de recomendaciones a partir de 2012 que aún no se han podido poner en marcha y que incluyen cuestiones relacionadas con la capacidad de formación, apoyo a la Medicina de Familia, la presencia de la medicina de Familia en la formación básica de las facultades de medicina y un gran número importante de temas diversos. Se espera que el número de especialistas en Medicina de Familia se duplique, así que mientras estos desarrollos son emocionantes, el reto para la facultad de Medicina de Familia existente es grande. Va a ser muy importante apoyar a la medicina de familia ucraniana en una época crucial.

El Prof. Lysenko dejó un enorme legado de buen trabajo y buena voluntad, pero, como en muchos países, las expectativas de la medicina de familia son enormes, y la falta de recursos o de estabilización efectiva de las nuevas reformas de la atención primaria podrían socavar lo que de otro modo sería un modelo fuerte y eficaz de la atención que se necesita con urgencia por la población ucraniana.

Fue un gran honor estar en la reunión y que se celebrará allí. Vaya un agradecimiento especial de mi parte a la profesora asociada Dra. Victoria Tkachenko (en la foto con la Prof. Amanda Howe) representante del Consejo de Ucrania en WONCA, que fue una anfitriona maravillosa y un modelo a seguir para los médicos más jóvenes. El Prof. Lysenko estaría orgulloso.

Prof Amanda  
Howe  
WONCA President - elect












## WONCA CONFERENCES 2014

February 7 -8, 2014	Vasco da Gama Movement forum	Barcelona, SPAIN	One strong voice for the family doctors of the 21st century <a href="http://www.vdgm.woncaeurope.org/forum/">www.vdgm.woncaeurope.org/forum/</a>
May 21 – 24, 2014	WONCA Asia Pacific Regional Conference	Sarawak MALAYSIA	Nurturing Tomorrow's Family Doctor <a href="http://www.WONCA2014kuching.com.my">www.WONCA2014kuching.com.my</a>
May 21 – 24, 2014	WONCA World Rural Health Conference	Gramado BRAZIL	Rural health, an emerging need <a href="http://www.sbmfc.org.br/WONCArural/">http://www.sbmfc.org.br/WONCArural/</a>
July 2 – 5, 2014	WONCA Europe Regional Conference	Lisbon PORTUGAL	New Routes for General Practice and Family Medicine <a href="http://www.WONCAeurope2014.org/">http://www.WONCAeurope2014.org/</a>

WONCA Direct Members enjoy *lower* conference registration fees. See WONCA Website [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com) for updates & membership information

## MEMBER ORGANIZATION MEETINGS

February 07-08 2014	<b>Bangladesh Academy of Family Physicians conference</b> 	<a href="http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx">http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx</a>
	Dhaka, Bangladesh	
April 11-12 2014	<b>V Cumbre Iberoamericana de Medicina Familiar</b> 	
	Quito, Ecuador	
May 08-11 2014	<b>EGPRN Spring meeting</b> 	
	Barcelona, Spain	
June 12-14 2014	<b>XXXIV Congreso de la semFYC</b> 	
	Gran Canaria, Spain	
July 25-27 2014	<b>RNZCGP conference for general practice</b> 	
	Christchurch, New Zealand	
September 01-02 2014	<b>EFPC 2014 Bi-annual conference</b> 	
	Barcelona, Spain	
October 02-04 2014	<b>RCGP annual primary care conference</b> 	
	Liverpool, United Kingdom	
October 09-11 2014	<b>RACGP GP '14 conference</b> 	
	Adelaide, Australia	
November 19-23 2014	<b>The Network: Towards Unity for Health conference</b> 	
	Fortaleza, Brazil	