WONCANews

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From the President: Family Medicine challenges in Japan & Indonesia

Photo: New fellows of the Indonesian College of Primary Care Physicians

This past month I have visited family medicine colleagues in Japan and Indonesia and have gained insights into some of the challenges facing family medicine development in each country.

I visited Japan as a guest of WONCA member organisation, the Japan Primary Care Association, to speak at a special meeting in honour of the life's work of family medicine pioneer, Professor Izumi Maruyama. Much of the focus of the meeting was on the challenge of providing primary health care services to an ageing population.

Photo: WONCA president with Professor Ryuki Kassai, Dr Roger Neighbour and colleagues from the Japan Primary Care Association

Japan will be one of the first country's that will face the impact of a substantial proportion of the population being elderly. In 2025 the population of Japan aged 65 years and over, will exceed one third of the total population. How Japan addresses the challenges of an ageing population will provide examples to assist service provision development in many other countries.

One of the indicators of the impact of the ageing of the population of Japan is the dramatic increase in the past ten years of elderly people who have been found dead at home. It is one sobering consequence of a significant change in Japanese society with more elderly people living on their own, rather than with their family members.

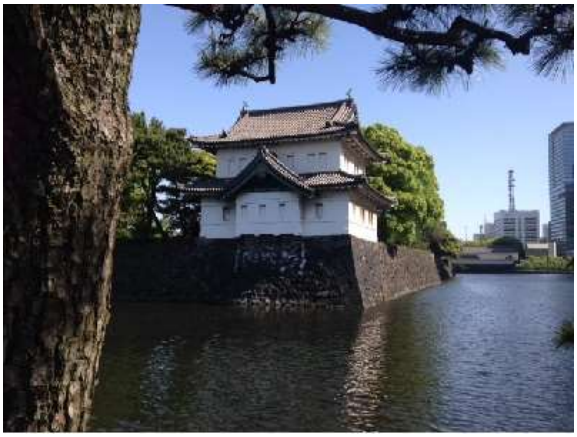


Photo: Blend of old and new in downtown Tokyo

Japan is also seeing the continuing expansion of mega cities, while small rural towns decline in population. At the same time, the population of elderly people living in small towns is increasing. This results in the small rural towns struggling to provide needed resources to support their elderly citizens. It also provides challenges for the family doctors and the members of their primary care teams based in both small rural towns and mega cities.

In May, the World Health Assembly met in Geneva. This is the annual gathering of the world's health ministers that sets the global agenda for the year ahead for the World Health Organization. The World Health Assembly this year endorsed a new global strategy and action plan on ageing and health to assist the nations of the world prepare for the challenge of ensuring health care for increasing numbers of elderly people.

We all know that populations around the world are ageing rapidly. Between the year 2000 and 2050, the proportion of the world's population aged 60 years or over is predicted to double from about 11% to 22%, or 2.1 billion people.

Of course, whether 60 is old or not depends on your own age. It looks quite young from where I am on my personal timeline.

The WHO reminds us that these "extra years of life and this reshaping of society will have profound implications for each of us, and for the communities we live in. Yet, unlike many of the surprising changes that society will experience in the next 50 years, these trends are largely predictable. Since we know that the demographic transition to older populations will occur, we can plan to ensure we are prepared."

We also know that the solution to providing equitable, quality health care to the older members of our population, and addressing the challenges of increasing numbers of people with multiple chronic health conditions and mental health concerns, is not going to be addressed by building more and more shiny new hospitals and residential aged care facilities. We need to strengthen community-based health care and support services, aiming to allow people to remain in their own homes, and expand lifelong prevention and health promotion programs to assist people to remain as well as possible for as long as possible.

Indonesia is another country seeing a rise in non-communicable diseases and mental health concerns. Indonesia has a population of 250,000,000 people living on an archipelago of 17,000 inhabitable islands, many isolated and with sparse health care services.

In Indonesia I attended the inaugural meeting of the new Indonesian College of Primary Care Physicians. In 2013 the Government of Indonesia enacted a new law recognising the specialty of family medicine. Family doctors, with formal postgraduate qualifications are called primary care physicians in Indonesia. The Indonesian Government has also introduced Universal Health Insurance to ensure universal health care, ensuring that all citizens have access to affordable health care services.

The Government of Indonesia has recognised the importance of family medicine in achieving universal health coverage and has funded the development of postgraduate specialty training in family medicine based in 17 of the country's leading university medical schools. The training program will be for three years for recent medical graduates, with a fast-track for experienced primary care doctors. Formal assessment at the end of training will lead to Fellowship of the Indonesian College of Primary Care Physicians.

In Jakarta I joined a ceremony to recognise the "grandfathering" of the family medicine leaders of the 17 medical schools. This distinguished group of grandmothers and grandfathers became the foundation fellows of the Indonesian College of Primary Care Physicians

Heart attacks, strokes and other cardiovascular disease together represent a huge global health burden world-wide, accounting for over 17 million deaths every year. This month, WONCA, along with other leading global health organisations, has signed the Mexico Declaration for Cardiovascular Health, committing our organisations to work together to avoid millions of premature deaths by orchestrating a coordinated response to the global pandemic of cardiovascular disease. As cardiovascular disease makes up half of all deaths from non-communicable diseases, our efforts through working together are central to achieving the United Nation's Sustainable Development Goals.

The Mexico Declaration on improving cardiovascular health for all people can be found here.

Michael Kidd
President, World Organization of Family Doctors (WONCA)

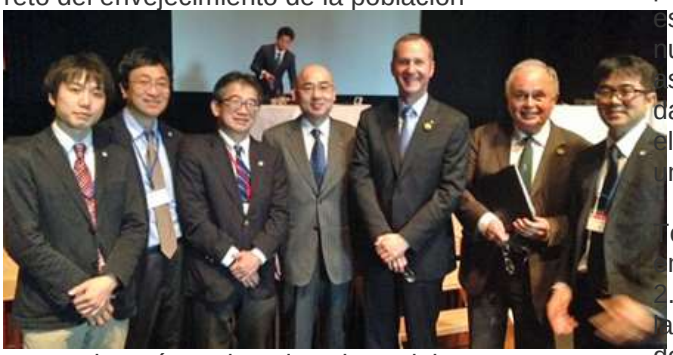
Del Presidente : Los retos de la Medicina de Familia en Indonesia y en Japón

Foto: Nuevos compañeros de la Facultad de Medicina de Atención Primaria

El mes pasado visité a los colegas médicos de familia en Indonesia y en Japón y compartieron conmigo su percepción acerca de los retos para el desarrollo de la Medicina de Familia en cada país.

Visité Japón invitado por la Organización miembro de WONCA, la Asociación de Atención Primaria de Japón, para hablar en un encuentro especial en honor al trabajo del pionero de la especialidad de Medicina de Familia, el Catedrático Izumi Maruyama. Durante la mayor parte de la reunión se puso el foco en el reto de ofrecer servicios de Atención Primaria a la población mayor.

Japón será uno los primeros países en afrontar el impacto del envejecimiento de una parte sustancial de la población. En 2.025 la cantidad de población japonesa de 65 años o más será mayor que un tercio de la población total. La forma en que Japón afronta ese gran reto del envejecimiento de la población



proporcionará un ejemplo asistencial para muchos otros países.

Foto: El Presidente de WONCA con el Profesor Ryuki Kassai, el Doctor Roger Neighbor y colegas de la Asociación de Atención Primaria de Japón

Uno de los indicadores del impacto que tiene el envejecimiento de la población de Japón es el crecimiento dramático, en los últimos diez años, de mayores que han sido encontrados muertos en sus casas. Esta es una consecuencia que da que pensar acerca del significado de una sociedad japonesa cambiante con más mayores que viven solos en lugar de con sus familias.

Japón también está experimentando la expansión constante de mega ciudades, mientras que las pequeñas poblaciones rurales siguen perdiendo población. Esto sucede al mismo tiempo que la cantidad de personas mayores que reside en pequeñas poblaciones va en aumento. Esta situación en pequeñas ciudades rurales hace que los recursos para dar para dar asistencia a los ciudadanos mayores sean más necesarios. También provoca nuevos retos a los que tienen que hacer frente los Médicos de Familia y los miembros de los equipos de Atención Primaria que trabajan tanto en las zonas rurales como en ciudades grandes.

En mayo, la Asamblea Mundial de la Organización Mundial de la Salud se reunió en Ginebra. Se trata del encuentro anual de los Ministros de Sanidad de todo el mundo en el cual se fija la agenda global de la OMS para el próximo año. La Asamblea de la OMS este año apoyó una nueva estrategia y un nuevo plan de acción en el ámbito de la asistencia en salud y del envejecimiento para dar apoyo a los países que deberán afrontar el reto de asegurar la cobertura sanitaria a una población cada vez mayor.

Todos sabemos que la población mundial está envejeciendo rápidamente. Entre los años 2.000 y 2.050 se estima que la proporción de la población mundial de 60 años o más va a doblarse, pasando de un 11% actualmente a un 22% o, lo que es lo mismo, 2,1 billones de

personas.

Sin duda, considerar la edad de 60 años como edad mayor depende de la edad de cada uno. Personalmente, a mí me parece una edad bastante joven, si me lo miro desde el punto vital en el que me encuentro.

La OMS nos recuerda que estos "años extraordinarios de la vida y este refortalecimiento de la sociedad tendrán implicaciones profundas para todos y todas nosotros y para las comunidades dentro de las cuales vivimos. Aun así, a pesar de muchos de los sorprendentes cambios que la sociedad experimentará en los próximos 50 años, éstas tendencias son ampliamente predecibles. Desde que tenemos conocimiento de que la transición demográfica hacia poblaciones envejecidas ocurrirá, podemos planificar y asegurarnos de que estamos preparados".

También sabemos que la solución para ofrecer una asistencia equitativa y de calidad a las personas mayores de nuestra población, y reconducir las dificultades de la creciente población mayor con múltiples afectaciones crónicas de salud y de salud mental, no va a solucionarse construyendo más y más nuevos hospitales o residencias de la tercera edad resplandecientes. Debemos fortalecer la asistencia de salud basada en la comunidad y apoyar a los servicios sociales y sanitarios con la voluntad de facilitar a la población de que puedan quedarse en sus propias casas, aumentar la prevención durante toda la vida y promover programas para la salud que asistan a la población y le permita mantenerse sana durante el máximo periodo de tiempo posible.

Indonesia es otro país que está experimentando un crecimiento en la cantidad de enfermedades no contagiosas y en el índice de afectaciones en salud mental. Indonesia tiene una población de 250.000.000 personas que viven en un archipiélago con 17.000 islas deshabitadas, muchas de ellas aisladas con unos servicios de asistencia sanitaria dispersos.
En Indonesia asistí al encuentro inaugural de la nueva Universidad Indonesia de Médicos de Atención Primaria. En 2013, el Gobierno de Indonesia promulgó una nueva ley que reconocía la especialidad de Medicina Familiar. En Indonesia, a los Médicos de Familia, con certificados de posgrado, se les llama Médicos de Atención Primaria. El Gobierno de Indonesia también ha introducido un Seguro Universal de la Salud para asegurar la Cobertura Sanitaria Universal, promoviendo que todos y todas los ciudadanos y ciudadanas tengan un acceso asequible a los servicios de salud.

El Gobierno de Indonesia ha reconocido la importancia de la Medicina de Familia para lograr conseguir la universalidad y ha financiado el desarrollo de la formación en la especialidad del posgrado de Medicina de Familia en 17 de las universidades líderes. El programa de formación tendrá lugar durante tres años para los médicos recién graduados, con una opción formativa reducida para los médicos de Atención Primaria que ya cuentan con experiencia. La valoración al final de la formación permitirá que se cree un sentimiento de comunidad entre las universidades de Indonesia y los Médicos especialistas de Atención Primaria.

En Jakarta participé en una ceremonia de reconocimiento al trabajo de tutorización por parte de los líderes de la Medicina de Familia de las 17 Facultades de Medicina. Este grupo de distinguidas médicas y médicos fueron los compañeros fundadores de la Facultad Indonesia de Médicos de Atención Primaria.

Ataques al corazón, derrames y otras enfermedades cardiovasculares, en conjunto, representan una gran carga a nivel mundial, con un total de más de 17 millones de muertos cada año. Este mes, WONCA, juntamente con otras organizaciones mundiales, ha firmado la Declaración de México para la Salud Cardiovascular, instando a nuestras organizaciones miembro a que trabajen juntas para evitar los millones de muertes prematuras, orquestando una respuesta coordinada a esa pandemia cardiovascular global. Mientras las enfermedades cardiovasculares suponen más de la mitad de las muertes de enfermedades no contagiosas, nuestros esfuerzos a través del trabajo conjunto son centrales para conseguir hacer realidad los Objetivos de Desarrollo Sostenible de las Naciones Unidas.

La Declaración de México acerca de cómo mejorar la salud cardiovascular de toda la población puede encontrarse aquí.

Michael Kidd
Traducción: Pere Vilanova, Spanish Society of Family and Community Medicine (semFYC) - Periodismo y comunicación

Du président: Les défis confrontant la médecine familiale au Japon et en Indonésie

Photo : Nouveaux membres du Collège indonésien des Médecins de soins primaires

Le mois dernier, j'ai visité des collègues de médecine familiale au Japon et en Indonésie, ce qui m'a permis de me faire une idée des défis confrontant le développement de la médecine familiale dans ces deux pays.

J'ai visité le Japon en tant qu'invité de l'Association japonaise de soins de santé primaires, organisation membre de WONCA, et ai pris la parole lors d'une réunion spéciale en l'honneur des travaux pionniers en médecine familiale du Professeur Izumi Maruyama. Le point central de la réunion était le défi quant à la prestation des services de santé primaires à une population vieillissante.

Photo : Le président de WONCA en compagnie du professeur Ryuki Kassai, du docteur Roger Neighbour et de collègues de l'Association de soins primaires du Japon

Le Japon sera l'un des premiers pays à affronter l'impact du vieillissement d'une proportion importante de sa population. En 2025, la population du Japon comptera plus d'un tiers de plus de 65 ans. La manière dont le Japon répondra aux défis du vieillissement de la population servira d'exemple pour le développement des services dans de nombreux autres pays.

L'un des indicateurs de l'impact du vieillissement de la population du Japon est la croissance dramatique au cours des dix dernières années du nombre de personnes âgées découvertes mortes chez elles. Ceci est un rappel à la triste conséquence d'un changement important dans la société japonaise, les personnes âgées vivant de plus en plus souvent seules plutôt qu'au sein de leur famille.

Le japon voit aussi l'expansion continue des mégapoles tandis que la population des petites villes rurales décroît. En même temps, la population des personnes âgées vivant dans les petites villes s'accroît. En conséquence, les petites villes ont bien du mal à fournir les ressources nécessaires en soutien aux personnes âgées. Ceci présente aussi un défi pour les médecins de famille et pour le personnel de leurs équipes de soins primaires, qu'ils soient basés dans de petites communes rurales ou dans des mégapoles.

L'Assemblée mondiale de la santé a pris place à Genève en mai. Cette réunion annuelle des ministres de la santé du monde établit le programme de l'année à venir pour l'Organisation mondiale de la santé. Cette année, l'Assemblée mondiale de la santé a souscrit à une nouvelle stratégie mondiale et à un plan d'action sur le vieillissement et la santé afin d'aider les nations à se préparer au défi que présente la garantie des soins de santé pour un nombre croissant de personnes âgées.

Nous savons tous que les populations mondiales sont dans une phase de vieillissement rapide. Entre les années 2000 et 2050, on estime que la proportion de la population mondiale âgée de 60 ans ou plus doublera, passant de 11% à 22%, soit 2,1 milliard de personnes.

Bien sûr, que 60 ans soit un âge avancé dépend de notre propre âge. Cela me paraît plutôt jeune compte tenu de ma position actuelle sur ma trajectoire personnelle.

L'Organisation mondiale de la santé nous rappelle que ces « années de vie supplémentaires et cette refonte de la société auront de profondes implications pour chacun de nous et pour les communautés dans lesquelles nous vivons. Et pourtant, contrairement à beaucoup de changements qui affecteront la société dans les 50 prochaines années, ces tendances sont largement prévisibles. Comme nous savons que la transition démographique vers des populations plus âgées est inéluctable, nous pouvons planifier afin d'être prêts. »

Nous savons également que la solution pour fournir des soins de santé équitables et de qualité aux personnes âgées de notre population, et pour faire face au nombre croissant de patients souffrant de maladies chroniques et de problèmes de santé mentale, ne réside pas dans la construction de beaux hôpitaux flambant neufs ou d'établissements résidentiels pour personnes âgées. Il nous faut renforcer les services communautaires de soins de santé et de soutien dont le but est de permettre aux personnes de demeurer chez elles, et accroître les programmes de prévention et de promotion de la santé sur toute la vie afin que les populations conservent une bonne santé aussi longtemps que possible.

L'Indonésie est un pays qui est aussi témoin d'une croissance des maladies non-contagieuses et des problèmes de santé mentale. L'Indonésie a une population de 250 millions d'habitants vivant sur un archipel de 17 000 îles, beaucoup d'entre elles étant isolées et n'ayant que peu de services de santé.

En Indonésie, j'ai participé à la réunion inaugurale du nouveau Collège indonésien des médecins traitants. En 2013, le gouvernment de l'Indonésie a promulgué une nouvelle loi reconnaissant la médecine familiale comme branche. Les médecins de famille titulaires de qualifications postdoctorales formelles sont appelés médecins de soins de santé primaires en Indonésie. Le gouvernment indonésien a également introduit une assurance de santé universelle afin de garantir l'accès de tous les citoyens à des soins de santé abordables.

Le gouvernement de l'Indonésie reconnaît l'importance de la médecine familiale pour la réalisation de la couverture de santé universelle et a procuré des fonds pour le développement de la formation postdoctorale en médecine familiale dans 17 des principales universités du pays. Le programme de formation s'étendra sur 3 années pour les nouveaux diplômés en médecine, et il y aura une formation accélérée pour les médecins expérimentés en soins primaires. Une évaluation officielle en fin de formation mènera à la nomination à la Confrérie du Collège indonésien des médecins de soins primaires.

A Jakarta, j'ai assisté à la cérémonie de "grand parentage" des chefs de file de la médecine familiale des 17 facultés de médecine. Les membres de ce groupe distingué de grand-mères et de grand-pères sont devenus les membres fondateurs du Collège indonésien des Médecins de soins primaires.

Les crises cardiaques et les accidents cardiovasculaires représentent ensemble un énorme fardeau sur la santé en général au niveau mondial et sont responsables de plus de 17 millions de décès par an. Ce mois-ci WONCA, ainsi que d'autres organisations mondiales de santé prédominantes, a signé la Déclaration de Mexico pour la santé cardiovasculaire, en engageant nos organisations à travailler ensemble afin d'éviter des millions de décès prématurés et en orchestrant une réponse coordonnée à la pandémie mondiale des maladies cardiovasculaires. Etant donné que les maladies cardiovasculaires causent la moitié de tous les décès résultant de maladies non-contagieuses, nos efforts de coopération sont essentiels pour atteindre les objectifs du développement durable établis par les Nations Unies.

Vous pouvez lire la Déclaration de Mexico ci-dessous.

Michael Kidd
Président, Organisation mondiale des Médecins de Famille (WONCA)

Traduit par Josette Liebeck
Traductrice professionnelle anglais-français
Accréditation NAATI No 75800

From the CEO: WHA, Europe conference, Zika and Rio.

Hello again from the WONCA Secretariat. The two key events I want to talk about this month are the World Health Assembly, held in late May, and the WONCA Europe conference in Copenhagen from 15th to 18th June. I also briefly want to mention the many great activities undertaken by our member organizations to celebrate World Family Doctor Day.

World Health Assembly – May 2016
Each year WONCA sends a delegation to the World Health Assembly in Geneva to make sure that WONCA – and the voice of family medicine generally – is heard loud and clear. This year the delegation consisted of our President (Professor Michael Kidd) our President-elect (Professor Amanda Howe), our WHO Liaison Officer (Dr Luisa Pettigrew) and me. Luisa will report in more detail on the various meetings and activities, but I wanted to give a brief overview, as our Member Organizations constantly remind us that they regard our liaison with WHO as one of the most important roles of WONCA, and so we place great emphasis on our annual attendances at this event.

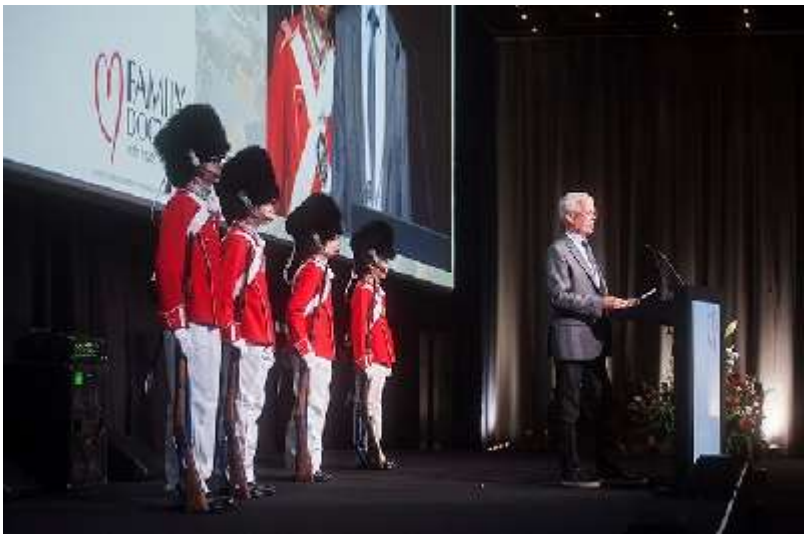
As ever we had a series of important meetings with WHO colleagues, covering topics as diverse as: Ageing and Life course; Global health workforce issues; Mental Health and Substance Abuse; Radiation Safety; Occupational Health; and Clinical Coding (the collaboration between WHO and WONCA's International Classification Committee on ICD-11 development). We had a detailed meeting with our key WHO Relationship Officer, Dr Hernan Montenegro, and his team in the Strengthening Health Services Division. This team includes Dr Shannon Barkley who has lead responsibility for PHC development within the division, including person-centred and integrated health care.

We held meetings with Dr Ala Alwan, Regional Director of WHO EMRO (Eastern Mediterranean Region Office) who outlined his very exciting and ambitious plans for ongoing family medicine development in the region, and with Dr Delanyo Dovlo, Director of Health Systems of WHO AFRO (Africa Region Office) who briefed us on the many challenges of family medicine development in Africa, but also on some of the progress which is now being made.

We held meetings with representatives from other health professional organizations, including the International Council of Nurses, to explore closer collaboration, and with a representative from the International Federation of Medical Students' Associations (IFMSA) which is already an Organization in Collaborative Relationship with WONCA.

We also attended three side events. The first was on "Insecurity and the social determinants of health", led by Sir Michael Marmot, President of the World Medical Association. The second was on "Global and Local: Primary Care in Action" which was addressed by our President, Michael Kidd, as well as Professor Jan de Maeseneer and representatives from the World Federation of Public Health Associations. The third event was "Addressing health workforce deficits" led by Dr Jim Campbell, Director of the Global Health Workforce Alliance (GHWA).

Those who attended the 2013 WONCA World Council in Prague will recall Hernan Montenegro's excellent presentation to Council, and we're delighted that Hernan has accepted an invitation to address the next World Council in Rio de Janeiro. He will be joined by Dr Jim Campbell from GHWA, and so Council attendees will have an opportunity to hear directly from both of these key WHO people. We're glad to report that both will also attend the Rio conference, where they will be running workshops, so all delegates will have an opportunity to interact with them.
As if all of this was not enough, WONCA also submitted seven written statements at WHA 2016, responding to agenda items, and these are detailed in Luisa Pettigrew's report.



WONCA Europe Conference
This year's WONCA Europe conference was held in Copenhagen from 15th to 18th June, and was a great success. Organised by the Danish College on behalf of the Nordic Federation of General Practitioners (Finland, Sweden, Norway, Iceland and Denmark), over 3,000 participants – of whom about 1/3 were trainees or young doctors – enjoyed many very high quality plenaries and sessions. Vasco da Gama Movement also held a very well-attended pre-conference on 14th and 15th June, and it was refreshing to see many first time attendees at this event.

Of particular note were two sessions entitled "Voice of the patient" which set the scene for the excellent keynotes which followed. Also of note were the many "Five minutes; one slide" presentations. The keynotes can be found here.

World Family Doctor Day
And of course we also celebrated World Family Doctor Day (WFDD) on 19th May. This has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event has gained momentum globally each year and it is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors all around the world.

As ever, you have been sending Karen Flegg details of the events you held to celebrate WFDD and you can find more details on the ever-increasing events on the website:.

Zika Virus
We continue to keep a close eye on WHO's advice regarding the Zika virus. In its latest bulletin, dated 31st May, WHO continues to advise that, based on available evidence, it has issued no general restrictions on travel to countries, areas and/or territories with Zika virus transmission. **However, WHO is advising pregnant women not to travel to areas with ongoing Zika virus outbreaks.** This advice is based on the increased risk of microcephaly and other congenital malformations in babies born to pregnant women infected with Zika virus.

WHO offers general advice to travellers to help to prevent mosquito bites. This and other information on Zika can be found on the WHO website.

Forthcoming Events
With the World Conference in less than four months' time there is now a moratorium on any further WONCA events, and the Secretariat will now concentrate on getting out the 2015-16 Annual Report and preparing all paper for Council. In the coming weeks I will have brief visits to the Maldives, along with Professor Pratap Prasad (President South Asia Region) to hold discussions with Ministry officials about establishing a society for family doctors which might then apply for WONCA membership. In early October I will also visit Korea, for discussions with the 2018 HOC, as that conference is now only two years away. I will report back in due course.

Best wishes for now.
Garth Manning

Policy Bite: Priority setting.

A policy necessity, or a privilege of the high income countries?

With Amanda Howe, WONCA President Elect

In January, the CEO and I attended the Prince Mahindol Award Conference in Bangkok on your behalf. This is an 'invitation only' policy conference set up in the memory of Prince Mahindol of Songkla, who is recognized as 'The Father of Modern Medicine and Public Health of Thailand'. I presented on a panel on 'stakeholder dynamics' – that is, how to get an effective voice and partnership working with key players in priority setting,

The conference definition of priority was …"*about how to allocate public resources between primary care centres and family doctors, and building hospitals and training specialists :-deciding which population groups ought to receive subsidised care, as well as:- defining a cost-effective package of services for a disease or condition, through locally developed clinical guidelines and quality standards*." This discussion was seen as a core mechanism for "..a*ccountability in decision making that national policy makers can use to steer effective and wise "investments"* towards Universal Health Coverage". [1]

The quality of presentations was strong, and the discussion rich. There were many of the same teams attending as we meet at WHO, so the opportunities to raise WONCA's profile and to advocate justified the time and effort we put in. I also learned a lot, though felt the debate was somewhat skewed – because the focus in effect was often on which new technologies and drugs to purchase, rather than more population based interventions.

The conference noted that priorities will differ according to population profile, financial resources, and the healthcare technologies they can afford. It also noted that "*progressive realization of the right to health requires national and global health stakeholders to work synergistically to support priority-setting processes that ensure alignment, participation, transparency, empowerment, non-discrimination, and accountability."*! Fine words, big words but the conclusions on the need to work together and use evidence based decisions were not news, and did not really reflect the challenges that were raised.

For WONCA I think the take home messages are:-

• Governments know they need to make decisions about what services and treatments need prioritising, but the costs of convening national advisory groups like the UK's National Institute for Clinical Evidence[2] may be prohibitive in lower income countries

• There is a risk that commercial entities will manage to engage in stakeholder consultation more than busy clinicians (especially those of us outside major centres), so biasing decisions towards their products

• The evidence base from primary care research is urgent for this need – we need to know the research and be able to add to evidence and get a balanced view

• So, being engaged in the national debates around priority setting and having academic input into this is a very important role for member organisations and our regional Presidents.

1. Prince Mahindol Institute for Population and Social Research. Priority Setting for Universal Health Coverage: Report on the 2016 Prince Mahindol Award Conference. 2016: Bangkok: Mahindol University.
2. https://www.nice.org.uk

Fragmentos de política: Marco prioritario.

¿una necesidad política o un privilegio de los países con mayores ingresos?

En enero, el Presidente Ejecutivo y yo asistimos al Encuentro del Premio Príncipe Mahindol en Bangkok en representación vuestra. Se trataba solamente de una invitación a ese Congreso político creado en memoria del Príncipe Mahidol de Songkla, reconocido como el "Padre de la Medicina Moderna y de la Sanidad Pública de Tailandia". Mi trabajo consistió en presentar un Comité acerca de "dinámicas inversoras" – tema que consiste en el cómo conseguir tener una voz efectiva y con una buena capacidad asociativa con los actores clave en los escenarios prioritarios.

La definición de prioridad en el marco de la conferencia fue "…cómo distribuir los recursos públicos entre los centros de Atención Primaria y los Médicos de Familia, y la construcción de hospitales y formación de especialistas – decidiendo los grupos de población que deberían recibir una atención subvencionada, así como, definiendo un conjunto de servicios costo-efectivos para la enfermedad o el estado de salud, a través de guías clínicas y estándares de calidad". Este debate fue visto como un mecanismo nuclear para la "…responsabilidad a la hora de tomar decisiones que los políticos de los países pueden utilizar para dirigir inversiones efectivas y razonables con el fin de conseguir la Cobertura Sanitaria Universal".

La calidad de las presentaciones fue muy alta, y los debates muy ricos. Hubo una cantidad de equipos que participaron igual a los que hay en la OMS, así que las oportunidades de que el impacto de WONCA crezca y de que haya más argumentaciones justificaron el tiempo y el esfuerzo que todo el mundo puso. También aprendí mucho, aunque en algún momento sentí que el debate se encontraba de algún modo sesgado – porque, efectivamente, el foco se puso a menudo sobre qué nuevas tecnologías y medicamentos comprar, más que sobre los datos basados en las intervenciones en la población.

El Congreso hizo evidentes que las prioridades defieren en función del perfil de la población, los recursos financieros, y las tecnologías de asistencia sanitaria que pueden permitirse. También se destacó que ¡"la realización progresiva del derecho a la salud necesita que los inversores tanto a nivel nacional como a nivel internacional en asistencia sanitaria trabajen conjuntamente para apoyar procesos en los marcos prioritarios que aseguren la participación, la homogenización, la transparencia, el empoderamiento, la no discriminación y la responsabilidad presupuestaria"! Palabras bonitas, grandes palabras, pero las conclusiones acerca de la necesidad de trabajar juntos y de tomar decisiones basadas en la evidencia no fueron una novedad, y no representaban los nuevos retos que nos están desafiando.

Para WONCA creo que los mensajes que nos llevamos a casa fueron:

• Los Gobiernos saben que tienen que tomar decisiones acerca de qué servicios y tratamientos deben ser priorizados, pero los costes de convocar a los grupos asesores a nivel nacional, como el Instituto Nacional de Clínica basada en la Evidencia del Reino Unido, podría ser inasumible para los países con ingresos bajos.

• Existe el riesgo de que las entidades comerciales se las arreglen para aumentar el número de consultas hasta niveles superiores a los que los médicos, ya de por si saturados, pueden asumir (especialmente en los centros de salud de mayor tamaño), de manera que tomen decisiones más sesgadas que beneficien a sus propios productos.

• La base de la evidencia de la investigación en Atención Primaria es urgente y necesaria – necesitamos saber los resultados de la investigación y ser capaces de añadirle la evidencia para tener una visión equilibrada.

• Así que debemos involucrarnos en los debates de nuestros países acerca del marco referencial prioritario y tener en cuenta la contribución académica en ese sentido, ya que éste es un rol muy importante por parte de las organizaciones miembro y de nuestros Presidente regionales.

Amanda Howe
Traducción: Pere Vilanova, Spanish Society of Family and Community Medicine (semFYC)

WONCA delegation at the 69th World Health Assembly

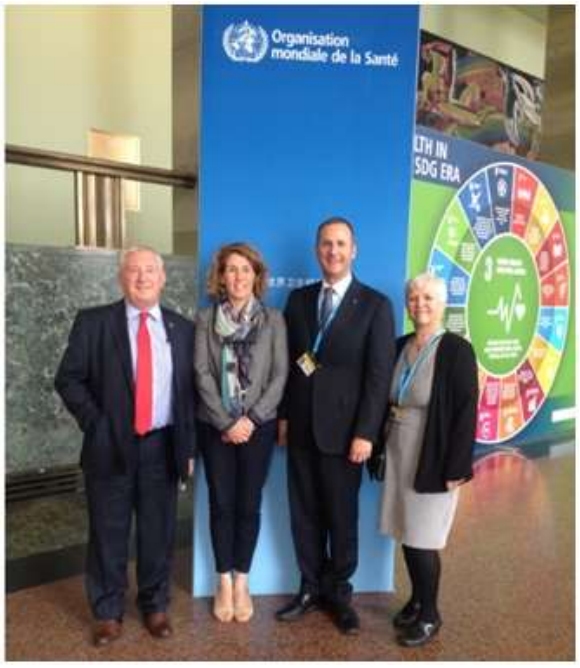


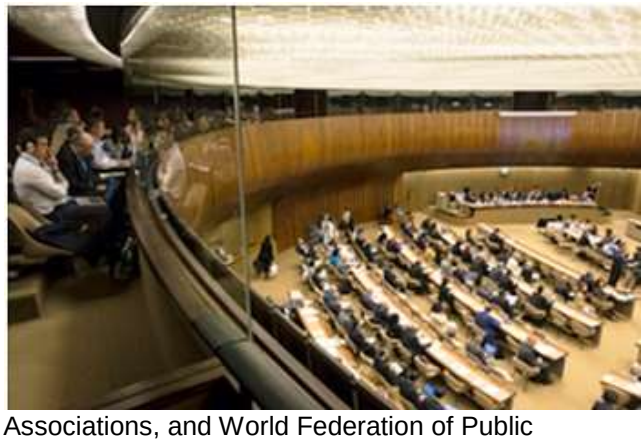
Photo: Garth Manning, Luisa Pettigrew, Michael Kidd and Amanda Howe at the Assembly

Every year the United Nations' Palais des Nations in Geneva fills with 193 member states and almost 200 non-governmental organisations from across the world to participate in the World Health Assembly (WHA), the World Health Organization's (WHO) decision-making body . WONCA was represented at the 69th World Health Assembly by Michael Kidd (WONCA President), Amanda Howe (WONCA President-Elect), Garth Manning (WONCA CEO) and Luisa Pettigrew (WONCA-WHO Liaison).

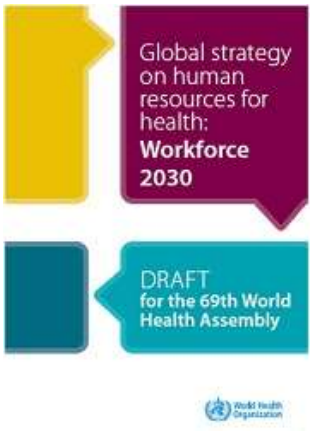
During the WHA this year new resolutions were adopted on a host of topics from the Sustainable Development Goals to Mycetoma. Margaret Chan, Director General, during her speech highlighted approval of the new programme for health emergencies. She welcomed the 2030 agenda for sustainable development and member states' commitment to universal health coverage. The Zika outbreak featured frequently in discussions.

During the WHA, WONCA's delegation held meetings with 12 WHO departments and other NGOs to discuss current and future joint activities in areas including international classifications systems, mental health, occupational health and radiation safety. WONCA submitted statements to the WHA on the following agenda items; Report of the Commission on Ending Childhood Obesity; Draft global plan of action on violence; Prevention and control of non-communicable diseases; Health in the 2030 Agenda for Sustainable Development- Health in the 2030 Agenda for Sustainable Development; Multisectoral action for a life course approach to healthy ageing- draft global strategy and plan of action on ageing and health; Promoting the health of migrants; and Health workforce and services. These statements alongside all other NGO statement can be found here.

Michael Kidd delivered in person the statement on the agenda item 'Health in the 2030 Agenda for Sustainable Development' (see below). WONCA contributed to a side-event on 'Global and local: public health and primary care in action!' in collaboration with The Network: Towards Unity for Health, International Alliance of Patients' Organization, International Federation of Medical Students Associations, and World Federation of Public Health Associations.



WHA Resolutions and Family Medicine



Two important resolutions adopted by the 69th World Health Assembly should be highlighted for their potential contribution to the global development of Family Medicine. The first resolution adopted the 'Global Strategy on Human Resources for Health: workforce 2030' (Resolution 69.19). This global strategy sets out a vision to accelerate progress towards universal health coverage and the UN Sustainable Development Goals by ensuring equitable access to health workers within strengthened health systems. The principles of delivering equitable, holistic, person-centred care outlined in the strategy mirror those of primary care and family medicine. The strategy makes explicit and recurrent reference to the need to strengthen the primary care workforce. It states; "Appropriate planning and education strategies and incentives, adequate investment in the health-care workforce, including general practice and family medicine, are required to provide community-based, person-centred, continuous, equitable and integrated care".

The second resolution of particular significance for primary care and family medicine worldwide adopted related to the WHO's 'Framework on integrated, people-centred health services' (Resolution 69.24). The resolution urges member states and requests the WHO's Director-General to pay special attention to strengthening primary health services as part of health system strengthening. The Framework reads; "Strong primary care services are essential for reaching the entire population and guaranteeing universal access to services. Building such services involves ensuring adequate funding, appropriate training, and connections to other services and sectors. This approach promotes coordination and continuous care over time for people with complex health problems, facilitating intersectoral action in health. It calls for interprofessional teams to ensure the provision of comprehensive services for all. It prioritizes community and family-oriented models of care as a mainstay of practice with a focus on disease prevention and health promotion."

The Framework recommends policy options and interventions which will deliver:
• "primary care services with a family and community-based approach
• multidisciplinary primary care teams
• family medicine
• gatekeeping to access other specialized services
• greater proportion of health expenditure allocated to primary care"

WONCA has played a key role in WHO consultations, in providing evidence, and in working with the WHO to develop both the 'Global Strategy on Human Resources for Health: workforce 2030' and 'Framework on integrated, people-centred health services'. The next stage will require countries to implement the recommendations made in these policy documents. This will require engagement and support by all stakeholders including WONCA. We encourage all WONCA members to bring these resolutions to the attention of policy makers in their countries and work with them to ensure their implementation.

New WHO web platform

Linked to the 'Framework on integrated people-centred health services', the IntegratedCare4People web platform was launched during the WHA. The website is hosted by the Andalusian School of Public Health and is led by a team which includes international leaders in primary care and family medicine. It aims to bring together knowledge, information and a global network of people and organisations working towards the goal of integrated people-centred health services for all. You are invited to join in building this global knowledge platform which is set up as a collaborative platform to be enriched by the sharing of knowledge and experience. You can contribute information and knowledge by publishing relevant Resources, sharing your Practices and participating in the various Communities emerging.

WONCA Statement to the 69th World Health Assembly on Sustainable Development, read by Professor Michael Kidd (WONCA President)

"Thank you Mr Chair. The World Organization of Family Doctors, WONCA, represents over 500,000 family doctors in over 150 countries and territories across the world. WONCA's mission is to improve the quality of life of the people of the world through high standards of care in family medicine and general practice.

Primary care teams worldwide provide examples, from their daily practice, that illustrate their contribution across the Sustainable Development Goals. This includes helping to improve people's life chances and reduce health inequities; advocating for healthy lifestyles and environments; and promoting health in communities. When integrated into a nation's health system, family doctors are trained to care for all aspects of peoples' health including health promotion, disease prevention, acute, chronic, rehabilitative and palliative care. Family doctors provide this care to people over the life-course, within the community they serve, and in collaboration with other health professionals.

National governments, and other stakeholders, need to be ambitious in measuring and monitoring progress towards strengthening primary health care to meet the SDGs. This monitoring includes the use of indicators that capture the principles of equity, community participation, prevention, use of appropriate technology, and inter-sectoral collaboration.

Evidence is clear that this monitoring needs to measure the elements that make primary care services successful: first contact care, continuity, comprehensiveness, coordination, and care that is person-centred with family and community orientation.

Health financing indicators need to track government expenditure in primary care, and provide information on the economic accessibility of primary care services. Indicators on the make-up and distribution of the primary care workforce are crucial.

Primary health care integrates many of the SDGs. However in order to realise the full potential of the contribution of primary health care to sustainable development, and indeed universal health coverage, a strong interdisciplinary primary health care workforce, including family doctors, is needed in all countries. Thank you."

Luisa Pettigrew
WONCA WHO Liaison

WHO Information for travellers visiting Zika affected countries

As the WONCA World conference in Rio approaches, you may be interested in the latest WHO advice relating to the Zika virus. The information below is the latest for travellers, but there is more comprehensive information on the WHO website.

Source:
http://www.who.int/csr/disease/zika/information-for-travelers/en/

Updated 31 May 2016

Based on available evidence, WHO has issued no general restrictions on travel or trade with countries, areas and/or territories with Zika virus transmission.

However, WHO is advising pregnant women not to travel to areas with ongoing Zika virus outbreaks. This advice is based on the increased risk of microcephaly and other congenital malformations in babies born to pregnant women infected with Zika virus.

Microcephaly is a condition where a baby is born with a small head or the head stops growing after birth.

As a precautionary measure, some national governments may make public health and travel recommendations to their own populations, based on their assessment of the available evidence and local risk factors.

Zika virus is primarily transmitted to people through the bite of an infected Aedes mosquito. Zika virus can also be transmitted through sex.

• Read "Prevention of sexual transmission of Zika virus"

Before travelling to Zika affected areas
Travellers to areas with Zika virus outbreaks should seek up-to-date advice on potential risks and appropriate measures to reduce the possibility of exposure to mosquito bites and sexual transmission of Zika.

While in Zika-affected areas
Men and women should practice safer sex (including the consistent use of condoms) or abstinence to prevent Zika virus infection, human immunodeficiency virus (HIV), other sexually transmitted infections, and unwanted pregnancies.

Prevent mosquito bites during the trip by following these measures:
• wear clothing - preferably light coloured - that covers as much of the body as possible;
• use insect repellent: repellents may be applied to exposed skin or to clothing, and should contain DEET, (diethyltoluamide) or IR 3535 or Icaridin. Repellents must be used in strict accordance with the label instructions;
• use physical barriers such as regular or mesh screens or insecticide treated netting materials on doors and windows , or closing doors and windows; and
• sleep under mosquito nets, especially during the day, when Aedes mosquitoes are most active.

Upon return home

To prevent the onward transmission of Zika and adverse pregnancy and fetal outcomes, all returning travellers should practice safer sex, including through the correct and consistent use of condoms, or abstaining from sex for at least 8 weeks. If men experience symptoms (rash, fever, arthralgia, myalgia or conjunctivitis) then they should adopt safer sexual practices or consider abstaining for at least 6 months.

Sexual partners of pregnant women should practice safer sex or abstain for at least the duration of the pregnancy.

WHO Zika Virus comprehensive factsheet
The Zika virus fact sheet is available in the following languages
• Portuguese
• Arabic
• Chinese
• French
• Russian
• Spanish

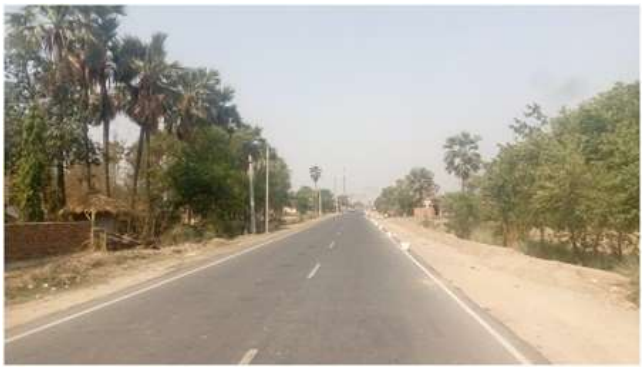
World Family Doctor Day - Raman Kumar "at my ancestral rural village in Bihar India"

Raman Kumar is the Young Doctor Representative on WONCA World Executive - he writes about his Family Doctor day experience. Photo above : 1st Bihar State Family Medicine Conference 29th May 2016 Patna Bihar Pic

It was a coincidence but a privilege that I was visiting my ancestral rural village Khojauli on World Family Doctor Day - 19th May 2016. The poor status of healthcare infrastructure in my native place was one of the major inspirations for me becoming a doctor in first place and now working towards development of a robust primary care system in India. I was born and brought up in a joint family in a small town of Chhapra which is located in the Bihar state of India. Khojauli village is located 35 km from the district headquarters of Chhapra. Due to my current role in public health advocacy, recently I have started taking a closer look at existing status of health system in different parts of India. This time I took efforts to visit healthcare facilities in the nearby areas in my native place, talk to people and observed the general status of the infrastructure.

Photo: Rural roads in Bihar

During my trip the first noticeable thing was the condition of rural roads. It was satisfying to see that the condition of roads is much better than what I had anticipated. The road from Chhapra to Khojauli used to be nothing more than mud and bricks with deep pot holes not long back. Most of these roads have been built under the national prom of infrastructure development called “Prime Minister Rural



Road Project”. The next change apparent was the availability of electricity. There is significant progress on rural electrification and its availability. The Primary Health Center (PHC) is now housed in a new and much larger building. The new building reflects the achievement of a yet other program – National Rural Health Mission (NRHM) which sought to improve the health care infrastructure across 18 poor performing states in India. Staff members were present and the maternity ward was functional.

I also had an opportunity to meet a female doctor who had joined on the same day. She drove all the way from the state capital Patna. During the brief chat I came to know that her home salary is less than half of what a medical officer gets in a city like Delhi. Clearly there is a need to look at the strategy to retain doctors at rural healthcare facilities.

Photo: New Building of the Primary Health Centre

I was also able to meet people and few patients. These included a hypertensive elderly woman, a middle aged man with filarial scrotal tumor, a woman with hypothyroidism and anxiety, a woman with vertebral disc issues, uterine prolapse and hypothyroidism. Though the facilities at the public health system, has improved but the many of the existing morbidities are not addressed in the government sponsored vertical health programs delivered through the PHC. Therefore they have to visit private doctors for treatment. Many having chronic health issues prefer to the state capital Patna for medical treatment.

The other big surprise was existence of a huge eye hospital called “Akhand Jyoti Eye Hospital” (see photo at right) run by a charitable trust. Located in the extreme rural location, this healthcare facility has been able

to attract specialist doctors and has become a very popular site for eye surgeries.

World Family Doctor day turned out to be one of my super days at my rural ancestral village. I plan to visit more frequently in future and engage with some local primary care projects. I returned back to Bihar (Patna) after ten days later on 29th May 2016 to participate in the 1st Bihar State Family Medicine Conference which turned out to be a grand success under the able leadership of Dr Sonia Singh the president of AFPI (Academy of Family Physicians of India) Bihar chapter. It was an excellent opportunity to witness the primary care physicians taking center stage of academics in my home state in India.

Reports from China and Ukraine

See all Family Doctor Day reports

Region News

Legacy of WONCA Europe 2016 conference

The legacy of the WONCA Europe 2016 conference is a result of collaboration between the Host Organizing Committee, WONCA Europe Council and WONCA Europe Executive board.

The full document can be viewed here.

The document is summarised as:
European Family Doctors call for Joint Action with Heads and Hearts!
WONCA Europe represents more than 80,000 family doctors throughout our region, with more than 160,000 ears close to the to the ground, we are the ones, who together with our patients, can report on the real outcome of health care provision.

We must share that information, and address the paradox that although it is conventional knowledge that strong primary care is a prerequisite for sustainable health care, the majority of resources are allocated to specialised secondary and tertiary care. The explanation to this paradox, must be due to a lack of understanding of the nature of health care.

We can provide relevant stakeholders with the information needed.

So we call for action, we call on politicians and stakeholders: we call on our best allies, the patients, but first of all we call on ourselves.

I invite you to read the legacy, take the calling, go back to your community, find your allies, raise your voices.

With heads and from hearts, in the interests of a healthier Europe.

Thank you
Anna Stavdal
WONCA Europe President Elect

WONCA North America Region report 2015-16

Ruth Wilson, region president (pictured next page with Dr Pauline Williams-Green, past president of the Caribbean College of Family Physicians and left with women family doctors from the Caribbean region) reports:

Member organizations of the North American region of WONCA remained strong and active in the past year. All held successful and well-attended meetings in 2015.

Polaris

The young family doctor group under the leadership of Dr Kyle Hoedebecke held a pre- conference meeting in Denver Colorado in September 2015 prior to the American Academy of Family Physicians FMX. It also held a successful meeting in Tobago in conjunction with the Caribbean College of Family Physicians, on World Family Doctor day. Polaris now boasts over 2000 Facebook followers. Among other accomplishments, the group has pioneered online international Balint groups

Montegut scholar

Our Montegut scholar for 2015 was Dr Shastri Motilal (pictured) from Trinidad and Tobago. He attended the Polaris pre-conference meeting and the Global health Conference of the AAFP. Thanks to the American Board of Family Medicine for sponsoring these opportunities. Dr Motilal says “I wish to again thank you for affording me the opportunity of attending this conference. It was an amazing experience meeting so many other Family Physicians and I know I have forged links that would last a lifetime. The information I gained from this conference would not only benefit me but also my patients, my students in training and the overall development of Family Medicine my region.”

Regional President’s activities

Dr Wilson was able to strengthen ties throughout the region with visits and speaking engagements. She attended the American Academy of Family Physicians FMX in Denver in September, bringing greetings on behalf of WONCA to the Board of Directors. She also attended the College of Family Physicians Family Medicine Forum and Besrour Conference in Toronto. A highlight of the Besrour conference was the discussion of the newly launched primary care performance measurement initiative.

She was pleased to strengthen ties with members of the Caribbean College of Family Physicians through her appointment as the external examiner for the family medicine examinations of the University of the West Indies in June 2016.

On behalf of WONCA, she attended the WHO High Commission High-Level Commission on Health Employment and Economic Growth: Health Professional Associations’ Consultation. She also organized the program for the 9th International Conference on Person Centred Care through the life course in Geneva in April. This meeting was co-sponsored by WONCA. A number of prominent family physicians presented their work, including Chris van Weel, Ted Epperly, Victor Ng, Susan Phillips, Glenn Brown, and John Parks. The meeting included a special session at the WHO on the health workforce needs for the future.

Photo: Paul Grundy, IBM’s Global Director of Health Transformation and champion of the patient centred medical home with Ruth Wilson at the WHO

She also attended and spoke at the Family Medicine Postgraduate Update as well as providing a keynote address at 2nd national Conference of Family medicine and Primary Care, both in New Delhi in November 2015.

Young Doctors' Movements

Young Doctor Movements Engaging in Rural Health Policy

Photo: VDGM doctors at WONCA Europe in Copenhagen in June.

Many family doctors will find themselves working in a rural area at some point during their career. This can be a daunting concept, especially for newly qualified family doctors, as many countries in Europe do not have the infrastructure in place to provide adequate healthcare in rural areas or a support network for new colleagues. An important part of this issue is engaging with policy makers to improve working conditions and health outcomes in rural areas. Doctors play a crucial role in rural communities and should be patient advocates, however, they often do not have an idea how to do this.

This was presented as a joint workshop from VdGM-EURIPA at WONCA Europe 2016 conference in Copenhagen. The aim was to get doctors thinking about ways in which they could influence policy changes to improve care for their patients and their own working conditions.

Berit Hansen presented the Praksismatch initiative, a web-based platform from the Danish Association of Trainees (FYAM). (see video) This is a platform for matching doctors with the right rural practice for them. The website provides information about the different practices and includes reviews from other doctors who have worked there. It uses questionnaires to match key elements like: organisation, cooperation, professionalism, work environment, training and demographics.

Hanna Stark presented her findings from interviewing her local policy makers in Finland. Policy makers were from different backgrounds (politicians, doctors, and other professions), age groups (30-75 years), both male and female. The thing they said were important in influencing health policy are: peer leadership, medical expertise, budget awareness, shifting focus from diseases to community health and well-being, and more GPs being involved. The levels at which policy making takes place varies from self-management and personal networking to local

politics and working parties in the Ministry of Health. An interesting thing that Hanna found out was that her local decision makers preferred to be contacted directly and speaking one to one about issues that affected the healthcare of the local community.

Joana Pontes found out what the literature has to say on the conditions for young doctors coming to work in rural areas, and how they may influence their decision. Finding where grouped into 1. Professional factors, 2. Social and family factors, and 3. Community facilities, support and relationships.
Professional factors: lack of support from local hospitals or community health staff, lack of opportunity to practice procedures, lack of support from other medical workers, high workloads (Hoyal 1995; Hays et al., 1998)

Social and family factors: problems with secondary education for children, lack of occupational opportunities for the doctor's spouse, inadequate housing, personality clashes with colleagues, jealousy by other community members of the doctor's income, and lack of time to spend with the family (Hoyal 1995; Hays et al., 1998).

Community facilities, support and relationships: have been acknowledged as important influences on the extent to which rural doctors' needs are satisfied. They felt they could get too close to members of the community and lose their objectivity in dealing with their medical problems. (Humphreys 2001)

Following these short presentations we had a discussion aimed at thinking about ways young doctors could get involved in influencing future rural health policy. During the discussion different ideas where expressed: forming local networks of GP's to petition local government, existing organizations (EURIPA and Rural WONCA) to compile easily accessible resources (i.e. research articles, policy papers) which would be used by individual GP's or local groups to influence policy makers, forming better medical education for rural medicine preferably in rural areas, supporting locals who are studying medicine to come back to their home town, learning about stakeholders and health policy during medical education.

From the ideas expressed it was clear that young doctors have an interest in helping to form future health policies that will affect both their patients and their future careers.

Author: Veronika Rasic
@DocVei
(Seen here manning the EURIPA / VDGM booth in Copenhagen)

Launch of the new Student's Handbook for Professional Exchanges in Primary Care

During the past months, the Student's Associations (IFMSA) and WONCA's Family Medicine 360º (FM360º) program have been collaborating in order to review the learning outcomes and create a checklist for the IFMSA Student's Handbook for Professional Exchanges in Primary Care.

IFMSA is sending every year more than 13.000 medical students in a professional or research exchange, in more than 90 countries, making it one of the world's oldest and biggest International Federation of Medical exchange program. The main purpose of the program is "to promote cultural understanding and co-operation amongst medical students and all health professionals, through the facilitation of international student exchanges. SCOPE aims to give all students the opportunity to learn about global health, and attains this partly by having its exchanges accredited by medical faculties across the world".

Placing the exchange academic quality on the top of its priorities, IFMSA has developed a handbook to guide the students during their exchange. This handbook contains specific recommendations for the students, as well as for the sending and the hosting tutors. It also contains a general checklist with the list of tasks to be completed by the students during their exchange in order to get the certificate.

Based on WONCA Working Party on Education's Checklist for Medical Student Experiences in Family Medicine and the experience of the FM360º program, both parties built and discussed a checklist that would reflect the learning opportunities that are unique to Primary Care. As such, the activity checklist includes the general medical competences (such as the ability for taking history, physical examination and interpretation of medical exams), as well as organizational and ethical skills, such as differences in diagnostic procedures and treatments related to incidence and prevalence in primary care, as compared to secondary and tertiary care; interventions in primary, up to quaternary prevention; the understanding the health care system and the position and impact of Primary Care as well as the collaboration with other professionals, both in healthcare and other institutions.

We hope that the new Handbook will motivate more medical students to choose Primary Care as their medical specialty and that it will also facilitate intercultural knowledge exchange.
The new Handbook can be found on IFMSA's webpage or alternatively here.

About Family Medicine 360º (FM360º)
Family Medicine 360º is WONCA's global exchange program for those in Family Medicine training and in the first five years of Family Medicine practice. Established in 2013, it has been growing in popularity ever since, but it is still lacking the collaboration of potential hosts.
To learn more about the program, please visit this site.

About IFMSA
The International Federation of Medical Students Associations (IFMSA) envisions a world in which all medical students unite for global health and are equipped with the knowledge, skills and values to take on health leadership roles locally and globally. Founded in 1951, IFMSA today represents a network of 1.3 million medical students through its 127 national member organizations in 119 countries. More information can be found here.

Story submitted by Ana Nunes Barata MD
FM360 global coordinator
fm360global@gmail.com

GPtopia- VDGM think to the future.

On June 14th and 15th 2016, 200 new and future family physicians gathered in Copenhagen for the Vasco da Gama Movement Pre-conference.

Participants were presented with a survival scenario exercise: it's now year 2084 and the world geography has been dramatically reshaped by human-driven climate change. In the aftermath of such catastrophe, all that's rest of humankind is a new society flourishing in an island somewhere in the new Northern Sea - GPtopia, an utopia on Earth. On face of big challenges caused by ageing populations, multimorbidity and continuing migrations, the President and his Ministers of Health gather a Council of GPs to define the future of primary health care.

VdGM challenged the Pre-conference participants to imagine themselves as being that Council of GPs. The following topics were discussed in working groups: electronic communication and internet medicine, quality of care for patients with chronic diseases, rural medicine, international health, leadership, family violence, and research in primary health care.

The outcome of their work is summarised in the "GPtopia Healthcare Declaration."

THE GPTOPIA HEALTHCARE DECLARATION

GPTOPIA

VdGM Pre-conference, GPtopia, June 14th and 15th 2016

In the course of two days, about 200 young and emerging family doctors have discussed the challenges general practice is facing: electronic communication and internet medicine, quality of care for patients with chronic diseases, rural medicine, international health, how to be a leader, how to be a workshop facilitator, family violence, and research in primary health care. For each topic, the working groups have presented three messages, one of which has been selected by joint decision to be part of the final declaration.

DECLARATION

"As new and upcoming general practitioners, we commit ourselves to the following statements in our daily work with patients, in research and in quality improvement."

Electronic Health Communication and Internet Medicine

To ensure responsible use of advanced medical technologies in order to provide health care and preserve human doctor-patient relationship, to avoid overdiagnosis and selfmedication, data has to be managed with respect.

Rural Medicine

To ensure retention, recruitment and training of GPs in rural areas in GPtopia, we have to develop a Rural GP Web. This includes professionel, educational, social and financial support.

Quality of Care for Patients with Chronic Diseases in Family Medicine

Focus on targeted screening and patient education in order to achieve better care.

International Health

Refugee participation: We want refugees to be able to do what they do best. For refugee empowerment and for integration in society it is fundamental for refugees to participate on a professional level. We will welcome and consider every refugee as an individual and a resource.

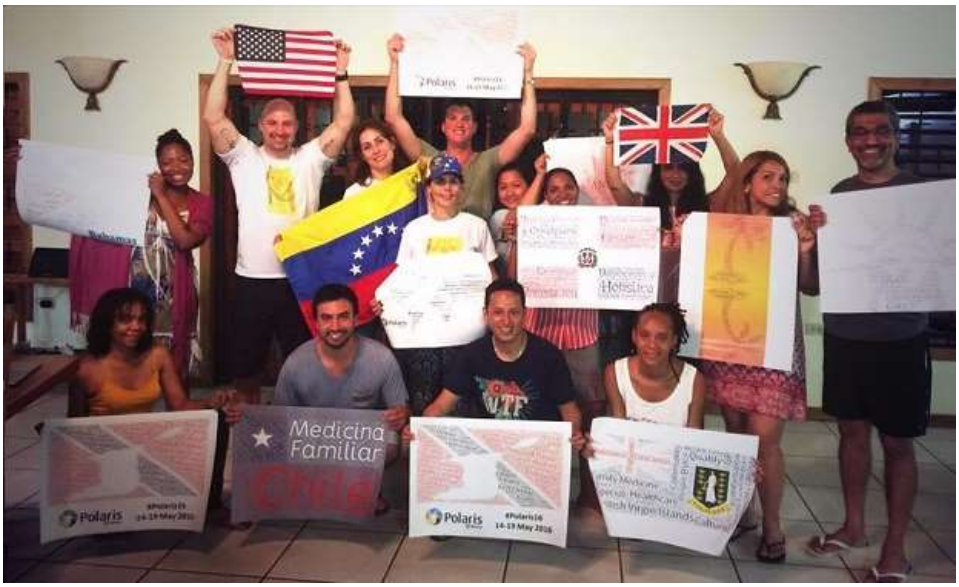
VdGM-EGPRN Research Workshop

Promoting mentoring and collaboration between junior doctors and mentors by increasing communication between GPs and other specialists inside universities and by developing an online European network.

Family Violence Workshop

We will work for a clear, organized collaboration network which includes primary care, social services, police, justice and others, creating clear pathways with well defined roles and responsibilities, all committed against Family Violence.

Polaris light shines bright in Tobago



Professional conferences have been considered an effective way to improve knowledge, make connections and build skills. These have also served as personal investments in one's own professional growth. A particular conference in the idyllic island of Tobago from May 14th to 19th, 2016 was unique in blending the elements needed to engage the local professional body while instilling a sense of community in a wider audience from various countries.

The meeting - hosted by the Caribbean College of Family Physicians' (CCFP's) Tobago Chapter - served to combine the island's annual meeting and the WONCA Polaris Forum. This juxtaposition created a unique partnership between two separate professional bodies and brought out the strengths of each. The host organization was an ideal partner to the Polaris contingent in arranging for the events, hosting the international delegates and ensuring that the visitors enjoyed a flavor of the charming island. With delegates from Chile to the UK - from Venezuela to Spain - Tobago served as a great gathering place for ideas, professional consultations, mentoring and building of friendships. see video

The events in Tobago started with a formal dinner under the patronage of the President of Trinidad and Tobago - His Excellency Anthony Thomas Aquinas Carmona. He called for quality health care in both the private and public sectors - noting that our international efforts will help bring out this goal. This event highlighted the importance of political support for family medicine and enjoyed recognition by national news coverage.

The following day initiated the CCFP's technical sessions with a day aimed at improving proper interactions with subspecialists. Common subspecialty pathologies as well as improved multidisciplinary communication were the focus highlighted by subspecialists from across the Caribbean and Europe.

Photo: Dr Kathleen Singh (far left), Dr Kyle Hoedebecke (Polaris chair), Dr Maxwell Adeyemi (middle) and the two on the right are the Channel 5 News team.

The WONCA Polaris Forum then took place over the next two days where each physician or trainee was not only heavily involved in the discussions, but also had the chance to present to all attendees. Speakers from 3 different continents discussed their unique perspectives and expertise in the international family medicine setting, experiences enriched by the in-depth discussions that followed. Not only did those present in person participate, supporters from all 7 WONCA regions were involved on social media using the hashtag #Polaris16. Specifically, over 200 individuals

interacted in the Polaris activities online being transmitted in 20 different languages.

We also did not forget that patients compose a key component of health care. In order to better engage this cohort, Polaris forum attendees and local experts went on the Channel 5 News in Tobago to invite the entire community to attend a medical public forum at the Scarborough Library. During this daylong event, we interacted with patients on topics they felt were important - from tobacco cessation to drug use, sexual health to STIs, and gender violence to medical screening. This encounter emphasized the importance of ensuring our medical knowledge is properly transferred to the patients that we treat.

Finally, the last events of #Polaris16 occurred on World Family Doctor Day (see video), which also happened to be Polaris' second birthday. The morning started off with an international Zumba class that - in addition to emphasizing the importance of exercise - exemplified how international colleagues can form bonds outside of the workplace. Next, Amber Wheatley - a medical student from the British Virgin Islands - led an international online Rural Cafe that highlighted how the various young doctor movements (YDMs) collaborate together to advocate for this area of our specialty.

Even though Polaris is the newest YDM, the #Polaris16 forum exemplified how it has quickly risen as a global leader within this cohort. The movement enjoys a great amount of enthusiasm, which has translated into its numerous collaborations, social media interactions, and publications that lead WONCA's YDMs. With the great successes achieved to date, Polaris aims to continue improving family medicine training and health care delivery in North America, the Caribbean, and beyond! So the only question now is - how do we get YOU involved?

Dr. Kyle Hoedebecke (Chair, Polaris)
Dr. Jorge Hidalgo (Peru/Spain)
Dr. Flor Ledesma (Venezuela)
Dr. Shailendra Prasad (USA)
Dr. Antonio Junco (USA/Spain)
Dr. Katy Germosen (Dominican Republic)
Dr. Mark Ryan (USA)
Dr. Kim Yu (USA)

La Luz de Polaris Brilla Fuerte desde Tobago

Los congresos de profesionales se han considerado una forma efectiva de mejorar el conocimiento, hacer conexiones y desarrollar habilidades; también constituyen una inversión para el propio crecimiento profesional. Un congreso en particular llevado a cabo en la idílica isla de Tobago, del 14 a 19 de mayo 2016, fue único en mezclar los elementos necesarios para agrupar profesionales locales al tiempo que inculcaba un sentido de comunidad en un público de varios países.

Esta reunión – llevada a cabo en el Colegio de Médicos de Familia del Caribe, Capítulo Tobago (CCFP)-, combinó la reunión anual de la isla y el Foro Polaris WONCA. Esta yuxtaposición creó una asociación única entre dos organismos profesionales independientes y aprovechó los puntos fuertes de cada uno. La organización anfitriona fue un socio ideal para el contingente Polaris en la organización del evento, hospedaje de los delegados internacionales y para garantizar que los visitantes disfrutaran del sabor de ésta encantadora isla. Con delegados desde Chile hasta Reino Unido, y desde Venezuela hasta España, Tobago sirvió como un gran lugar de encuentro para las ideas, consultas profesionales, tutoría y creación de amistades.

El evento en Tobago comenzó con una cena formal bajo el patrocinio del Presidente de Trinidad y Tobago, Excmo. Anthony Tomás de Aquino Carmona quien recalcó la importancia de la calidad en los la atención de salud tanto en el sector público y privado, señalando que nuestros esfuerzos internacionales ayudarán a llevar a cabo este objetivo. En este evento se puso en relieve la importancia del apoyo político para la medicina de familia y contó con cobertura y transmisión en las noticias nacionales.

Al día siguiente iniciaron las sesiones técnicas del CCFP con un día destinado a mejorar las interacciones con otros especialistas. El abordaje de patologías y la comunicación multidisciplinar fueron los objetivos

destacados por subespecialistas de todo el Caribe y Europa.

El Polaris Foro WONCA se llevó a cabo durante los siguientes dos días, donde cada médico o residente no sólo estuvo muy involucrado en las discusiones, sino que también tuvo la oportunidad de presentar ante todos los asistentes. Voceros de 3 continentes diferentes discutieron sus perspectivas y competencias para el establecimiento internacional de medicina familiar (MF), experiencias enriquecidas por las discusiones en profundidad que se dieron después de cada conferencia. Tanto los asistentes como los miembros de las 7 regiones WONCA estaban participando en las redes sociales utilizando el hashtag #Polaris16. En concreto, más de 200 personas interactuaron en las actividades en línea de Polaris que se transmitierón en 20 idiomas diferentes.

Polaris no olvidó que los pacientes representan un componente clave de la atención sanitaria. Con el fin de mejorar la participación de la comunidad, los organizadores del foro Polaris y expertos locales fueron en el Canal 5 Noticias en Tobago desde el cual se invitó a toda la comunidad a asistir a un foro médico público en la Biblioteca de Scarborough. Durante esta actividad, se trataron temas que eran importantes para la comunidad, tales como, cesación del tabaco, consumo de drogas, salud sexual y reproductiva, infecciones de transmisión sexual, violencia de género y exámenes médicos de pesquisa de cáncer de próstata, mama y colon. En este encuentro se hizo hincapié en la importancia de asegurar que nuestro conocimiento médico sea transferido adecuadamente a los pacientes que tratamos.

Finalmente, los últimos acontecimientos de # Polaris16 ocurrieron el Día Mundial del Médico de Familia, que también pasó a ser el segundo cumpleaños de Polaris. La mañana comenzó con una clase de zumba internacional que, además de enfatizar la importancia del ejercicio, ejemplifica cómo los colegas internacionales pueden crear grupos fuera del lugar de trabajo. A continuación, ámbar Wheatley - un estudiante de medicina de las Islas Vírgenes Británicas - dirigió en línea el Café Rural Internacional, destacando en los diversos movimientos de jóvenes médicos (YDMs) que se encuentran abocados a trabajar por estas áreas desde nuestra especialidad.

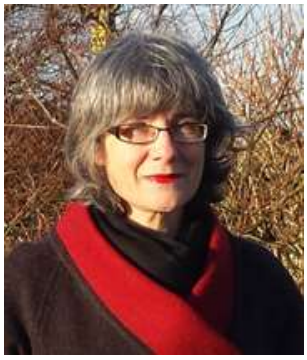
A pesar de que Polaris es el más nuevo YDM, el foro # Polaris16 ejemplifica la forma en que ha aumentado rápidamente como un líder global dentro de este grupo de médicos. El movimiento cuenta con el entusiasmo, que se traduce en sus numerosas colaboraciones, las interacciones sociales, los medios de comunicación y publicaciones donde participan Médicos Jovenes de WONCA. Con los grandes éxitos logrados hasta la fecha, Polaris tiene como objetivo continuar mejorando la formación en medicina familiar y la prestación de atención de salud en América del Norte, el Caribe, y más allá! Así que la única pregunta ahora es ¿cómo te puedes involucrar?:

El Dr. Kyle Hoedebecke (Jefe, Polaris)
El Dr. Jorge Hidalgo (Perú / España)
La Dra. Flor Ledesma (Venezuela)
El Dr. Shailendra Prasad (EE.UU.)
El Dr. Antonio Junco (España / EE.UU.)
La Dra. Katy Germosen (República Dominicana)
El Dr. Mark Ryan (EE.UU.)
La Dra. Kim Yu (EE.UU.)

Working Parties and SIGs

Rural round-up: A look at telehealth

Dr Jo Scott-Jones of New Zealand (left) and Dr Kate Dawson of Scotland (NHS) (photo at right) write about telehealth.



Following the lead of the USA and Australia three years ago we developed a Rural Health Alliance in New Zealand, bringing together 40 different organisations that have an interest in the health and wellbeing of rural communities.

Our organisation includes professional colleges of health professionals, local authorities, industry groups, community organisations and "friends" it exists was to create a platform for member organisations to develop relationships that allow them to maximise the impact of their own agendas and to share common ground.

Our recent #Ruralfest16 was created by the energy and willingness of the participants to reach that common ground. Over an intensive workshop period we identified the issues we feel would have most impact on the health and wellbeing of rural communities and we saw the effectiveness of our unified voice when we took our five key initiatives into our national parliament.

Along with the importance of infrastructure to support rural health services, a focus on training a workforce focussed on rural communities, the common areas of concern we all share are those of promoting research and reporting of rural health outcomes, rural mental health issues and connectivity.

We all recognise access as the rural issue and internationally, good telecommunications infrastructure is seen as vital to support access to health services as a discussion of our "google group" revealed:

- In Alaska, a community-led health service using telecommunications supports health care assistants trained to work in general, mental health and dental health to provide basic services to settlements, sometimes smaller than 20 households.
- In the Iquitos area of the Amazon basin in Peru, the Mama River project provides mobile phones with solar chargers to support traditional birth attendants to improve maternity care in their villages.
- In Kenya, tribal and nomadic people are using mobile phones to access remote consultations
- In Rwanda a target of 95% population coverage for 4G means that a new generation of doctors are being trained to work in remote and rural parts of the country. The medical school is using the communications infrastructure to deliver teaching and networking.

It is really striking to hear how many of these projects are using communication technology to deliver their projects. In Norbotten in northern Sweden, they have almost universal 4G coverage, and are testing out webcams for supporting overnight review in older people's homes if there is a concern, using iPads to allow older people to participate in case conferences. In Norway, they are trialling having iPads being used by community care staff to communicate with nurses and physiotherapists. One physio describes making and emailing out a video of a treatment plan with a patient after hip surgery, so carers are able to view the video to ensure that they were supporting the exercises to be done correctly at home.

In countries where healthcare technology is working well, there has been commitment at a political level to commission access to good quality 4G, broadband and workplace WiFi. Health services are supported to make best use of the network, and best practice is researched and spread to new areas. In other countries where old technology infrastructure was not developed, such as Rwanda and Kenya - whole health care models have been

designed from scratch using mobile phone technology and these “under developed” countries are quickly overtaking places like New Zealand and Scotland.

We are going to face some really big healthcare challenges as our very elderly population increases and young people move away from rural areas for better jobs and higher education. Older people have multi morbidities, and frail people are often unable to travel or drive because of their health conditions, rural public transport is poor and access to increasingly centralised services is difficult.

All of these stories have, at their heart, great teams and good communication technology. We have a responsibility to ensure that we use the available technology as well as we possibly can, design our services and networks around what we have, and support healthcare staff so that they can get the best out of what is available, but this is not just about doctors and nurses, ambulances and trauma cases, this is about communities.

As “five star” GPs we have a responsibility to advocate for our communities and get together with others who share our interests in the health and wellbeing of rural people and keep asking for high quality rural connectivity.

Special Interest Group (SIG) on Health Equity news

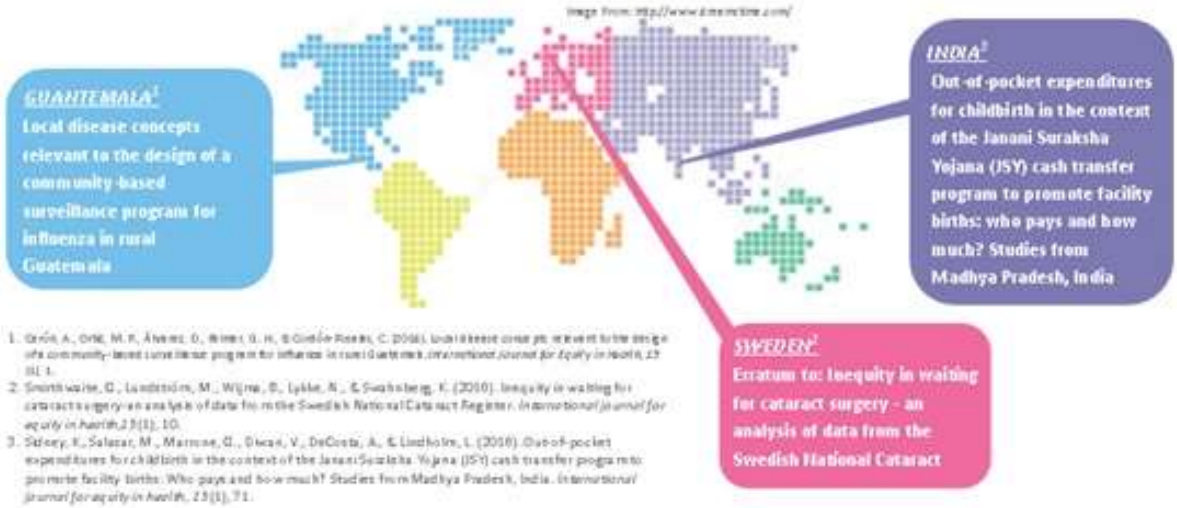
Download this newsletter

Greetings & news
Greetings from the WONCA Special Interest Group (SIG) on Health Equity. For this edition, we take a glance at GPs at the Deep End, which has and continues to strive for health equity in the most deprived areas of Scotland. In Global Focus, we take a look at studies from Guatemala, Sweden to India.
In addition, as part of the affiliation to the International Journal of Equity in Health subscribed members are also entitled to a 20% discount on publications at the International Journal of Equity in Health. Please see below for further information and details.

As always we welcome contributions from any of our members. If you would like to subscribe to our mailing list, please direct your interest to: SIGhealthequity@wonca.net. Finally, remember to keep a look out for upcoming Health Equity-related events in 2016.

A global focus on health equity
This series brings Heath Equity related research from Guatemala, Sweden, and India. Feel free to visit our affiliated journal: The *Journal for Equity in Health* for full text.

Focus: GPs at the Deep End
The ‘GPs at the Deep End’ project started in 2009 at a meeting of GPs working in the most deprived areas of Scotland. The aim was not to produce yet another report on widening inequalities in health, but to gather the views and experiences of experienced health professionals about the particular challenges faced in areas of high socio-economic deprivation. Led by Professor Graham Watt of the University of Glasgow and a steering



group of over a dozen GPs, the Deep End has become an important advocacy group representing the 100 General Practices that serve patients in the most deprived areas of Scotland.

The first task was to gather evidence of the key issues, not through formal research but through practitioner experience, which provides evidence from parts of the health service that research tends not to reach. Using facilitated small group discussions with frontline Deep End GPs, the group produced a series of reports on specific health and social issues that are prevalent in Deep End communities (e.g. alcohol problems, mental health, vulnerable children and families).

The next step was advocacy, to transform this evidence into relevant action. In 2012, the Deep End GPs proposed six essential components (Box 1) to meet the needs of patients in very deprived areas, which became a package of twelve measures in the 2013 report "What can NHS Scotland do to prevent and reduce health inequalities?".

BOX 1. Essential components to prevent and reduce health inequalities in primary care.

- Address the inverse Care Law through extra time in the consultation
- Making best use of serial encounters to improve patient's health
- Linking with others by using GP as the natural hub of the local health system
- Shared learning through better connections across the front line
- Improving infrastructure to support front line staff
- Supporting leadership at practice and area level

Advocacy work in areas such as addictions, mental health, welfare benefits, and vulnerable families has led to new collaborations with key stakeholders. This has resulted in a number of promising pilot projects, including the National Links Worker Programme, a pilot of attached social workers, and closer working with housing and welfare rights officers.

Most recently, the Deep End has drawn attention to the inverse care law in the recruitment and retention of GPs, whereby practices in more deprived areas find it harder to recruit and retain GPs. They argue that there is a need to increase exposure of trainees to general practice in deprived areas; for trainees that have had such experience, working in a Deep End practice is not unattractive, but needs to consist of good organisation and good support from other healthcare professionals (as well as communal coffee breaks!).

Perhaps the biggest 'success' of the 'GPs at the Deep End' project so far has been in highlighting the idea that primary care – if not resourced and distributed to respond to the gradient of patient need across the social spectrum – will act to widen health inequalities. This is the inverse care law in action. As well as this vital advocacy work, all that primary care can do to improve health inequalities is to increase the volume and quality of care in deprived areas. Any national health service should be at its best where it is needed most and this aspiration is part of what keeps Deep End GPs going.

Dr David Blane
Academic GP, Glasgow
Member of 'GPs at the Deep End' steering group

For references download full newsletter.

Affiliation

The WONCA SIG Health Equity is affiliated with the International Journal for Equity in Health. As well as keeping up to date with the latest research regarding health equity issues all over the world, members of the SIG Health Equity group can enjoy a 20% discount for publications at the affiliated journal. For further information can be found on their website.

Member Organization News

Next year we'll have the first operational avatar of KRISTINA

News from the Spanish Society of Family and Community Medicine (semFYC)

Noticias semFYC Magazine has published a short video about the European Project KRISTINA in which the main responsible of the project's objectives and achievements have been interviewed. Leo Wanner, the project coordinator, explains the expected results and next steps towards the first prototype. Carles Llor, who is in charge of the scientific research for the Spanish Society of Community and Family Medicine (semFYC), explains his role in the working process of the avatar development and how semFYC ensures clinical accuracy during the project.

KRISTINA is a European funded project built into the European Program HORIZON 2020 of Investigation and Research within the European Union. The main goal pursued by the Project is to knock down the existing linguistic barriers within the society by using new technologies to help migrant groups with communication problems, in order to make easier for them to get some medical advice through the internet so they can reach scientific information and feel more integrated within the European societies by learning how to use the Health Care Systems of each nation.

The Spanish Society of Community and Family Medicine (semFYC) is in charge of the clinical and scientific contents of the Project KRISTINA along with other European Universities. Among them, Universitat Pompeu Fabra from Barcelona is in charge of the linguistic technologies developments of the avatar. The other European partners are the German Red Cross, the Ausburg University and the Tubingen University, the Greek Hellas Research & Investigation Centre, the Almende Architecture Network from the Netherlands and the Vocapia Speech Recognition Research from France.

All the partners involved into the project and research are now working together into the last details of the first prototype of the avatar, so they will be able to start the second stage of the Project in which this first operational version of the avatar will face human interactions. It is important for the partners to reach this important milestone obtaining the first operational prototype, then it will be possible to work on new functionalities, and the more human-computer interactions.

The avatar shall be adapted to different contexts of communication in which the understanding of several languages and their related cultural behaviors will be a must. Regarding the different sorts of pronunciation and levels of definition of the first people who will test the avatar, all the partners need to start working not only from a technological approach but also taking good care of the social and emotional levels of communication.

In this short video, four of the major responsible partners in the project explain how are they currently working to reach this first avatar.

Featured Doctor

Prof Eva "Irene" Maglonzo

Philippines: family doctor

Irene is the president of the Philippine Academy of Family Physicians.

What work do you do now?

As a health care provider, I am a presently a private Family Medicine physician in Manila at the Philippine General Hospital (PGH) where I am part of a group practice and admit patients in the hospital. I also have my outpatient clinic in my hometown in Calamba, Laguna. I also do Home care being an accredited physician of Home Health Care. In these different settings, apart from medical interventions, I also conduct individual counseling and family meeting.

As an educator, I am a Professor at the University of Santo Tomas (UST) where I teach Preventive, Family and Community Medicine to first year, third year and fourth year students. I also handle administrative positions being the Secretary of the Department of Medical Education. I conduct Faculty workshops in the university and other medical schools in the Philippines. I prepared the Outcomes based education curriculum in Preventive, Family and Community Medicine for first year students in our university and I am part of the working group who finalized the PAFP outcomes based curriculum for residents and medical students.

In the hospital at UST and PGH, I train Family Medicine residents and Medical interns.

Other interesting things you have done (in brief)?

As a leader and manager, I joined various organizations like the Philippine Academy of Family Physicians (PAFP) and Philippine College of Geriatric Medicine (PCGM). In the PAFP, I am currently the President. Prior to this, I have been Vice President, Secretary, Treasurer and Chair of the Specialty Board in Family Medicine.

In the Specialty Board, I introduced the Objective Structured Clinical Examination (OSCE). In PAFP, our current project is “Kalusugan ng Pamilya mo, alaga ko” in line with our mission PAFP C.A.R.E.S.

As an advocate, I have been part of the Working group of the PCGM and DOH in the Health Policies for older persons. I have volunteered to do Comprehensive Geriatric Assessment in various nursing homes, do lay fora and participate in wellness program for the community.

I have been given the following awards: UST Thomas Award for Outstanding alumni in Medical education- 2012; finalist for PCHRD Research Mentor award- 2009

A Family Medicine physician can be a 5 star doctor doing clinical practice, education and counseling, research, advocacy work, leadership and management. My training in Family Medicine, Geriatric Medicine and my Masters in health Professions Education helped me fulfil these different roles. I am proud to be a Family Physician.

What is it like to be a family doctor in the Philippines?

Here in the Philippines, there are various opportunities for Family Medicine doctors. One can be a private practitioner by having your own clinic or being in a group practice. Aside from the outpatient clinic, one can be a first contact physician at the emergency room or admit patients to the hospital. There is also an opportunity to do home care, work with the Department of Health, Health maintenance organizations and other government agencies.

Those who don’t do clinical practice opt to teach, do research or handle administrative positions in the government, pharmaceutical companies or school and occupational setting.

As Family Medicine physician, we are able to apply the biopsychosocial approach. Aside from the medical management for our patients, we do counseling and family meeting

for psychosocial issues detected among patients and their family members.

What are your interests outside work?

My interests are writing and research. As a researcher, I have written the following books: *The Filipino family Physician; Geriatric Medicine: Principles and concepts; Practical Approach to Common Diseases; Family Medicine review.* I am also the associate editor of the *Textbook in Family Medicine Vol 1 and 2* published here in the Philippines.

I have published research in medical education, family medicine and geriatric medicine in international and national journals. My other interest is advocating for family wellness, rights of older persons and address stigma of Hepatitis B patients.

Resources for Family Doctors

Combating the stigma of mental illness – an online course

Title: Combating Stigma – an online course
Availability: online until May 24, 2017
Location:
https://www.mdcme.ca/courseinfo.asp?id=190
Cost: No cost
CME Credits: 2 CFPC Mainpro-M1 credits for family physicians
Registration: Online
Languages: English and French

Description of Combating Stigma
People living with a mental illness often say stigma can be harder to live with than the illness itself. Some of the most devastating stigma happens when they seek help from doctors and other health professionals. Eliminating that stigma is a major priority, yet there are few programs designed specifically for health professionals - especially for physicians.

Combating Stigma is a web-based course created by a partnership of organizations including the Mental Health Commission of Canada, Mood Disorders Society of Canada (MDSC), the Canadian Medical Association, the Canadian Psychiatric Association, Bell Canada and Memorial University. The program was designed by Dr Thomas Ungar and Dr Rivian Weinerman, both psychiatrists and former family doctors who are well acquainted with learning needs related to stigma. The course takes a couple of hours to complete and includes elements important for stigma reduction among health professionals. These include personal testimonials from persons with lived experience of a mental illness who are in recovery, transformative learning/myth-busting through education and reflection exercises, skills-based information and the biologic correlations associated with mental illness.

Learning objectives
After completing this course you will be able to:
1. Examine your attitudes, beliefs and behaviors toward persons with mental health problems, towards mental health providers, and to the social context and structures of health care delivery
2. Identify mental health problems as bio psychosocial including real organic disease
3. Describe an organized approach to the treatment of mental health issues using simple practical skills and competencies that work within a busy clinical setting.
4. Develop an increased level of comfort and interest in addressing Mental Health problems and effectively combat the various types of Mental health stigma in one's practice and health care system.

Evaluation Results of Combating Stigma
The course has gone through rigorous evaluation, and shows it is effective at reducing stigma. (Please email Romie Christie for the evaluation report.)

Go to course
Contact Information: Romie Christie
rchristie@mentalhealthcommission.ca

WONCA CONFERENCES 2016

September 14-16, 2016	3rd Vasco da Gama forum	Jerusalem, ISRAEL	3rdforumvdgm
November 2-6, 2016	WONCA WORLD CONFERENCE	Rio de Janeiro, BRAZIL	www.wonca2016.com

- WONCA Direct Members enjoy *lower* conference registration fees.
- To join WONCA go to: http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx

WONCA CONFERENCES 2017

March 23 – 25, 2017	WONCA East Mediterranean region conference	Abu Dhabi, UAE	Save the dates!
April 30 – May 3, 2017	WONCA World Rural Health conference	Cairns, AUSTRALIA	Save the dates!
June 28 – July 1, 2017	WONCA Europe Region conference	Prague, CZECH REPUBLIC	Save the dates!
August 17-20, 2017	WONCA Africa region conference	Pretoria, SOUTH AFRICA	Save the dates!
August 23-26, 2017	WONCA Iberoamericana-CIMF region conference	Lima, PERU	Save the dates!
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	Save the dates!
November 25-26, 2017	WONCA South Asia region conference	Kathmandu, NEPAL	Save the dates!

WONCA ENDORSED EVENTS

08 Apr - 12 Apr 2017	**World Summit on Social Accountability** Hammamet, Tunisia	More information next month

MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to
http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx

26 Jul - 30 Jul 2016	**The Network: Towards Unity for Health conference** Shenyang, China
28 Jul - 31 Jul 2016	**RNZCGP conference for general practice** Auckland, New Zealand
28 Jul - 30 Jul 2016	**4th ARPaC Conference 2016** Bandung, Indonesia
31 Jul - 31 Jul 2016	**AFPI Karnataka First Rural CME** Karnataka, India
04 Sep - 06 Sep 2016	**European Forum for Primary Care conference** Riga, Latvia

07 Sep - 10 Sep 2016
EACH 14th International Conference on Communication in Healthcare
Heidelberg, Germany

08 Sep - 10 Sep 2016
EURACT Educational conference in Dublin
Dublin, Ireland

20 Sep - 24 Sep 2016
AAFP Family Medicine Experience
Orlando, Florida, USA

23 Sep - 24 Sep 2016
6th EURIPA Rural Health forum
6th EURIPA Rural Health forum

29 Sep - 01 Oct 2016
RACGP GP 16 conference
Perth, Australia

05 Oct - 08 Oct 2016
11th JSFM conference for family medicine
Amman, Jordan

06 Oct - 08 Oct 2016
RCGP annual primary care conference
Harrogate, United Kingdom

20 Oct - 22 Oct 2016
Rural Medicine Australia 2016
Canberra, Australia