

WONCANews

An International Forum for Family Doctors



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FROM THE WONCA PRESIDENT :

WORLD HEALTH AND THE FUTURE OF WORLD WONCA

The WHO's 2008 World Health Report on Primary Health Care (WHR) focuses on the expanding role of primary care, in the pursuit of health around the globe. Its appearance coincides with the 30th anniversary of the declaration of Alma Ata. Elsewhere in this issue, the content of the report is reviewed in-depth. The WHR is a strong signal that, 30 years after 'Alma Ata', 'primary care' is back on the medico-political agenda. This is underlined by the Lancet articles that followed the publication of a 'primary care' issue (see October and this issue of Wonca News), with a critical comment on the WHR.

The memory of the Alma Ata Declaration, in 1978, that primary health care be the designated approach to promote health is still fresh; and so is the disappointment of how today this grand design, despite all good intentions, turned into rhetoric. Vertical, single disease or issue programs with a specialist focus, remained the order of the day. Cynical reactions of WHO's intentions, in other words, are waiting around the corner.

Yet, the world of 2008 is essentially different from that of 1978. Substantially more countries are actively contributing to primary care development – through their health care policy, their universities, and their medical-professional organizations. Though much remains to be desired in all these aspects, progress has been substantial. Just for illustration: the number of national colleges with a primary care mission, united under the Wonca banner, stood around 30 in 1978, and is currently 109. More

importantly, and probably the most significant progress of family medicine and primary care of the past decades, is international unity in concepts and core values that underlie the discipline: care directed at the determinants of health that matter – 'community oriented' – aiming to promote and preserve health as much as restore it when needed – 'patient- or person-centredness' – and built on a personal professional relation between patient and doctor over time – 'continuity of care'.

This has become the conceptual basis of medical generalism as the cornerstone of primary care, and it enabled the development of teaching and training. One of the essential differences with the world of Alma Ata of 1978 is, after all, the international professionalism of primary care. No longer is this the field of a physician 'jack of all trades', who applies 'all (sub)specialties' knowledge, and where reference to 'the art' has to mask its undefined nature.

Another point is today's available evidence of the effects of primary care. That the holistic touch of the personal doctor has an impact that reaches beyond the costs of interventions, and is a major determinant of populations' health, has become a driving factor of the socio-medical agenda – even though this drive is occasionally marred with ambiguity. In a society where progress and technology have long been linked together, with (sub)specialists the ultimate authority, the value of low-tech, person-based performance goes counterintuitive. And a common international trait in primary care has been the struggle against the dominance of the subspecialist. Bemoaning the common enemy – the poor treatment primary care received from subspecialists in the medical curriculum, in health care development or in research funding – is seen by the outside world as the characteristic of primary care. This is

counterproductive, because it tends to portray the academic needs of primary care as a world of its own and hides the fact that primary care is part of the competitive world for limited resources for teaching and research, to be allocated on the merits of quality. It is time to leave academic complaining further behind us, as a remnant of the process of our growth and development.

The importance of the WHO 2008 World Health Report is that primary care will remain on the medico-political agenda for the foreseeable future. It will continue to ask for more primary care advocacy in the shaping of health care under local conditions in communities around the world – advocacy, it should be very clear, not to forward the interests of primary care professionals, but the health of communities and people.

With it, will come a greater demand for primary care teaching of students, and for the primary care specialty training of young professionals in medicine and in allied health professions. In my view critical in this, will be to forward a better understanding of why primary care is effective and what lends effectiveness to its performance. In my column of October I have already eluded on this. Fact is, that this is our domain, the *raison d'être* of academic primary care bodies like Wonca and their leadership role to perform. And this is why the recent linking of Wonca to university departments of primary care is so vital. The success or otherwise of clarifying these questions will determine to a large extent the lasting success of primary care – and of making health care relevant to peoples' and populations' needs.

This is an essentially international mission – 'every family a family doctor, a family physician in every community on the globe', a mission that is becoming more and more complex.

The 2008 World Health Report is therefore a good opportunity to review the future of Wonca as the global organization of primary care. The World Health Report eludes to the leadership role that comes with it, and that Wonca is expected to play: the ability to act, react, propose for and respond to global developments of population health and their implications for teaching, training, research and development.

The 'responsiveness' factor is becoming increasingly alien to the current structure under which Wonca operates today. Wonca's President-Elect, Professor Rich Roberts, has given this issue a lot of thought, and in my view he needs the full support of all of us to pursue this. The tri-annual cycle, from one Wonca World Conference to the next as stand-alone platforms for individuals to meet, with the benign tolerance of some regional conferencing and some activities of dedicated volunteers in working parties' format in-between,

was a model that worked in the past. It served Wonca at the time of the 30-odd-member organization of 1978.

In fact, one of the admiring aspects of Wonca is, how much has been achieved, with the few means that have been available over the years. This is a tribute to the unselfish work of Wonca Working Parties, Special Interest Groups, their regional and world Executives, and – I would like to stress in particular – the Wonca CEOs past and present, with their staffs. All these contributions have been magnificent, and for the foreseeable future, Wonca will keep-on to rely on volunteers and their willingness to work for Wonca. But to continue this structure would jeopardize exactly what Wonca has managed to become since its founding in 1972: the leading global academic primary care organization.

There is, in my view, an urgent need to intensifying the Wonca life cycle, to foster Wonca's World leadership, through a more rigorous involvement of the Wonca Member Organizations, Council and working parties. By now, Wonca is meeting annually, in various places around the world. Not to capitalize on this, because of the traditional tri-annual structure, would be a missed opportunity. As so often, such questions announce itself unexpectedly. But it is my profound feeling, that unless Wonca is able to capitalize on what it has created since 1972, Wonca – and with it primary care – might become a bygone, obsolete, organization. Too much is at stake, I think to let this happen. I call upon the Wonca leadership – its Council, Member Organizations and current Regional and World officers – to think outside the box and intensify our work that has begun – for the health of people.

Professor Chris van Weel
President of Wonca

FROM THE CEO'S DESK:

REPORT FROM THE OCTOBER CORE EXECUTIVE MEETING IN MELBOURNE

Members of the Wonca Core Executive (Wonca President, President Elect, Honorary Treasurer and CEO) met for three days (29th Sept – 1st Oct 08) just before the Asia-Pacific Regional Conference in Melbourne, Australia. Among the many issues in the long agenda, some items I consider of greatest important and of interest to readers of Wonca News. These items are highlighted in this column.

Project GROW

At the Dubai Full Executive Meeting in February 08, the President Elect, Dr Rich Roberts expressed that Wonca's current structure, limited resources and triennial timeframe for doing business was inadequate in a rapidly changing world. He proposed that Project GROW (an acronym for "A **G**roup to **R**edesign the **O**perations of **W**onca") be initiated. The project is designed to initiate a dialogue between members to explore how to shape Wonca's future, structurally, operationally, functionally and financially. The aim is to enable the Organization to reach another level of development and to more effectively assert its leadership globally. It could be considered as part of Wonca's overall strategic plan to achieve its mission.

The Executive Committee agreed to the proposal and approved a budget of US\$50,000 for the project.

At this Melbourne Core Executive Meeting, Dr Roberts presented the final plans of Project GROW. He reported that GROW members will meet for two full days in Singapore on the weekend of 7th – 8th February 2009. A consultant will be engaged to assist the group with its deliberations, facilitate discussions and also help focus the meeting. The seven members of GROW have been finalized, representing the different regions of Wonca to provide a comprehensive approach to the discussions.

The product of Project GROW when realized in the years ahead will result in a Wonca that is better

prepared to meet its challenges as a truly global body representing the family doctors of the world with a more efficient administrative structure, greater financial resources, tighter governance, and more effective communications with its constituencies.

Equity and Bylaws Changes

Just prior to the Full Executive Meeting in Dubai in February 08, Members of Core Executive and some members of the Bylaws Committee met with representatives of the Wonca Working Party on Women and Family Medicine (WWPWFM) to discuss the issue of gender equity in Wonca.

It was agreed then that equity in its broadest sense was a general concern in Primary Care, and that Wonca would take gender equity as the starting point of implementing the principle. To achieve change, Wonca would need to plan for active changes and these would involve making amendments to the Wonca Bylaws and Regulations, as suggested by the WWPWFm.

This was followed by a meeting of the Bylaws & Regulations Committee in Singapore in May 08 during which the various decisions made in Dubai were incorporated as proposed amendments to the Wonca bylaws and regulations. These were then forwarded to the Core Executive for further deliberations.

At the Core Executive Meeting in Melbourne, the recommended amendments to the bylaws and regulations were thoroughly discussed to adequately reflect the decisions made in Dubai. These will soon be circulated to all Member Organisations for further comments, clarification and amendments, if any, and the final document will have to be approved and ratified by Wonca World Council in Cancun in 2010.

An Election Committee for Wonca

It has been a tradition in all past Wonca World Councils that Past Presidents of Wonca be appointed, and with little guidance and procedures, are asked to scrutinize the elections of Wonca leaders (President, President-Elect, Members at Large, Chairs of the Bylaws & Regulations and the Publication & Communications Committees) in the Executive Committee at World Council Meetings. Core Executive discussed the merits of enhancing and establishing a more formal Election Committee and procedure in view of the increasing competitiveness, complexity and importance of these elections.

The Core Executive decided that an Election Committee would eventually be necessary due to the unique nature and complex electoral and voting procedures at the Council elections. It was not deemed fair to require the World President to oversee these complex procedures as is the policy now given his heavy task load during the Council Meeting, nor to the Secretariat staff to carry out this role in addition to the numerous administrative tasks involved in the Council Meeting. It was suggested that the composition of the Election Committee could consist of the President-Elect as Chair, Past Presidents, regional representatives, and Chair of the Bylaws & Regulations Committee. These proposals will be an item for discussion at the Wonca World Council Meeting in Cancun in 2010.

Changes in the way Wonca organizes its world conference

Presently all full members organizations of Wonca are invited, before a triennial World Council, to submit bids to host a world conference. Council then votes after

the bidders make their respective presentations. Once a member organization wins the bid to host a Wonca World Conference, the local Member Organization/Host Organizing Committee (HOC) is given free reign to organize the entire conference.

In a special paper submitted by the CEO, it was recommended that Wonca should consider taking a partnering role with the local member organization/host organizing committee in the organization of future Wonca world conferences. In this partnering role Wonca will also become involved in determining the conference's standards, the ethics of conference sponsorships, quality of the scientific content and key speakers, social events, registration fees etc. It will also mean that Wonca takes a financial stake in the conference, and in so doing, may allow smaller member organizations or colleges to partner Wonca in organizing world conferences which they would not have been able to do on their own.

Core Executive discussed the merits of this approach and the implications to Wonca and also to future host organizations and felt that the issue needed more in-depth study. Core Executive recommended that this topic be one of the agenda items for the GROW Meeting in Singapore.

Dr Alfred Loh
 Chief Executive Officer
 World Organization of Family Doctors

FROM THE EDITOR:**PRIMARY HEALTH CARE
AND FAMILY MEDICINE:
NOW MORE THAN EVER**

For Wonca and its member organizations, the historic 1978 Alma Ata declaration for “health for all” through “primary health care” became a rallying point around which Wonca and its member organizations advocated for health system reforms to better meet people’s health needs based upon the principles of family medicine. The Alma Ata Declaration on Primary Health Care became a focal point for a constructive and continually expanding dialogue and series of meaningful, collaborative work plans between Wonca and WHO over the past 30 years.

The WHO and Wonca relationship reached a new level at the mid way point in this 30 year span with the publication of the historic 1994 WHO-Wonca report, “Making Medical Practice and Education More Responsive to People’s Needs: The Contribution of the Family Doctor”. The 1994 Wonca-WHO Report contained a noteworthy vision statement about the role of the family doctor in helping health systems meet people’s needs that remains relevant today:

“To meet people’s needs, fundamental changes must occur in the health care system, in the medical profession, and in medical schools and other educational institutions. The family doctor (general practitioner/family physician) should have a central role in the achievement of quality, cost effectiveness, and equity in health care systems. To fulfill this responsibility, the family doctor must be highly competent in patient care and must integrate individual and community health care.

The 1994 landmark WHO-Wonca report contributed to the World Health Assembly’s (WHA) adoption in 1995 of resolution 48.8 entitled “The Role of Medical Education and Practice in Health for All”, the only WHA adopted resolution specifically concerning the physicians’ contribution to the goals of Alma Ata. The wide ranging resolution included WHA recommendations to the WHO Director General “to promote coordinated efforts by health authorities, professional associations and medical schools to study and implement new patterns and working conditions that would better enable general practitioners to identify, and to respond to the health needs of the people they serve in order to enhance the quality, relevance, cost-effectiveness and equity of health care”. The WHA also urged WHO Member States to reform medical education “to take into account the contributions made by general practitioners to primary health care-oriented services”.

As reported in this issue of Wonca News, global attention again returns to primary health care and the role of the family doctor in improving health systems to better meet people’s needs. This issue features the World Health Organization’s 2008 World Health Report, “Primary Health Care – Now More Than Ever”, released on the 30th Anniversary of the Alma Ata Declaration on Primary Health Care. The 2008 World Health Report is summarized along with relevant related links in the “Resources for the Family Doctor” section. In his Presidents Column, Professor Chris van Weel comments that effective leadership from Wonca, its member organizations and all of its family doctors around the world are needed now more than ever.

The 2008 World Health Report describes at a macro level the four key primary health care principles

forming the foundation of effective health care systems. Family doctors may not find in the WHO Report a specific roadmap to building such a health system. This issue summarizes, in the “Resources for the Family Doctor” section, two important relevant articles published in Lancet that help point the way forward.

As Wonca President Chris van Weel stated, it will be up to Wonca and its member organizations to engage public, private, academic and health system stakeholders to further define and integrate personal and community health care, to enhance the role of family medicine and the family doctor in helping health systems meet people’s health needs, and to effectively advance the WHO’s primary health care agenda forward.

Please send me relevant information to share through the pages of Wonca News of key milestones in research, practice and education, of useful models in the health care delivery system, and of relevant and helpful resources for all of us to use to refine health systems to better meet people’s needs. After all, the world’s people need and expect effective health systems built on the principles of primary health care and family medicine, now more than ever.

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FEATURE STORIES

WONCA ASIA PACIFIC REGIONAL IN MELBOURNE EXCEEDS EXPECTATIONS

Exceeding all expectations, the 2008 Wonca Asia Pacific Regional Conference, held in Melbourne in early October, attracted 1500 delegates from 47 countries. The conference was held in conjunction with the annual conference of The Royal Australian College of General Practitioners (RACGP). Professor Michael Kidd, conference convenor, and his committee chose the theme “A Celebration of Diversity” to allow exploration of the wide ranging, all encompassing nature of the way our profession provides primary care to patients and supports health care in all our communities and nations. On the thirtieth anniversary of the Declaration of Alma Ata, it was a timely theme to encourage delegates to reflect on the progress made in family medicine in the intervening years. Delegates focused their attention firmly on the progress made towards “health for all” - how far we have come – and how far we still have to go.

The program reflected the breadth and depth of family medicine from across the Asia Pacific region. The scientific program committee, chaired by Professor Peter Schattner, received more than 500 abstract submissions; a clear demonstration of the strength of family medicine in the Asia Pacific region and the desire of so many family doctors to share their interests with their peers from around the world. The final program included presentations on major health issues in the Asia Pacific region, and also emphasized important issues in the wellbeing of Indigenous people.



Conference convenor Professor Michael Kidd and friends



Dr Donald Li with Professor Trish Greenhalgh - one of the international plenary speakers in this very broad program

As part of its commitment to the broad and inclusive aims of Wonca, the RACGP developed a bursary and home hosting program which provided assistance to overseas delegates who would otherwise not have been able to attend the conference. Delegates were invited to make a financial contribution to the bursary program as part of their registration. Over \$20,000 was raised to assist delegates to attend from many low and middle income nations in the region. Dr Donald Li, President of the Wonca Asia Pacific Region, expressed his gratitude to the many family doctors who supported the bursary program and to those who shared their homes with their colleagues from overseas.

A highlight of the conference was the launch of the joint report by Wonca and the World Health Organization (WHO) on integrating mental health into primary care. The report was launched by Wonca President Professor Chris van Weel and by Dr Michelle Funk from the WHO Headquarters in Geneva. The

report is a great achievement by the members of the Wonca Working Party on Mental Health, led by Dr Gabriel Ivbijaro.



Dr Michelle Funk flew from Geneva to launch the WHO Report on Integrating Mental Health into Primary Care

Another memorable moment was the presentation of the Wonca Asia Pacific Region Wes Fabb Medal to 2008 Orator, Professor Zorayda (Dada) Leopando. Professor Wes Fabb himself made this presentation. Wes was pleased to be able to make this presentation in his hometown of Melbourne and reminded delegates that Melbourne was also the site of the first Wonca World Conference back in 1972.



Professor Wes Fabb with Wes Fabb Orator Professor Dada Leopando

A large number of younger delegates, led by Dr Naomi Harris, took part in the launch of the Rajakumar Movement – the Wonca Asia Pacific Working Group for Young and Future General Practitioners.

The idea for the movement mirrors the successful Vasco da Gama movement which is linked to Wonca Europe. It was named in honor of Dr Rajakumar, past Wonca world



president and an internationally respected family doctor, leader and author from Malaysia, and now carries on in memory and honor of his lasting

legacy to Wonca. The Rajakumar Movement aims to:

- foster mentoring between future and current general practice leaders.
- promote continuity of representation from the region.
- allow young and future family doctors an avenue to explore the great breadth of family medicine.
- expose its members to cultural differences during training and working.

As always, the conference provided a great opportunity for family doctors to exchange ideas, learn new skills, network with colleagues, renew acquaintances and strengthen wonderful friendships. The most popular event of the social program was the welcome reception where Australian native animals and birds were in attendance. The koala was a huge attraction – the kookaburra managed to “laugh” on cue – and due to careful handling (and prior feeding) the crocodile didn’t attempt to eat any of the guests.



Professor Chris van Weel awards Wonca fellowship to Prof John Murtagh



Crocodile and friends - the visitors meet the natives at the Welcome function

The RACGP and the conference convenors thank Wonca for the opportunity to host the 2008 Wonca Asia Pacific Regional Conference. We particularly thank all the delegates who contributed to such a successful, friendly and enjoyable event.

Professor Michael Kidd
 Dr Vasantha Preetham
 Asia Pacific Regional Conference Co-Convenors

IN MEMORIAM: DR. RAJAKUMAR – WONCA WORLD PRESIDENT 1986 - 1989

It is a sad duty to announce the death of Dr. Rajakumar, on November 20, 2008, at the age of 76 in Kuala Lumpur, Malaysia. Dr. Rajakumar was President of Wonca 1986 -1989, and a most inspirational international leader of family medicine. Due to his determined guidance, Wonca became the organization it is today, aptly summarized in our logo ‘World Family Doctors: Caring for People’.



Dr Rajakumar –
 World World President
 1986-1989

Dr. Rajakumar was a leading left-wing intellectual and academician in his native Malaysia, a co-founder of the Labor party in the early 1960s. His political views brought him in conflict with the establishment and he was detained under the Internal Security Act for his views. Prior to his Wonca Presidency, he was President of the Malaysian Medical Association from 1979-80, President of the Malaysian Scientific Association from 1981-83 and for many years President of Malaysian Academy of Family Physicians. Dr. Rajakumar practiced the principle of thinking globally, acting locally. He practiced in the run-down district of Loke Yew, and remained faithful for many years to this population that did depend on him for medical care. And he fostered international relations for Wonca beyond the direct context of health care – in particular the collaboration with UNICEF, in line with his social conscience and political leadership.

He stayed fully involved in Wonca, long after his term of office had come to an end, and kept-on working to improve healthcare and particularly primary care. In 2006, during the Wonca Asia Pacific Regional Conference in Bangkok he delivered the Wes Fabb oration. This turned out to be his last official contribution to Wonca: although in spirit still the giant of old times, he was already physically frail.

Dr. Rajakumar took the Wonca Presidency at the end of the London Wonca World Conference in 1986, but he could not attend the 1989 world conference as this was in Jerusalem and it was impossible for him to travel to Israel. This deprived him of the platform to conclude his presidency - a platform he had so fully deserved. This must have been a bitter personal disappointment, but he did bear it with dignity and never complained publicly of this.

His intellectual legacy is kept alive through the publication of a collection of his lectures, under the aegis of the Malaysian Academy of Family Physicians this past September.

In memory of Dr. Rajakumar, hero of international primary care.

Professor Chris van Weel
President of Wonca

WONCA WORKING GROUP NEWS

SPECIAL INTEREST GROUP ON ETHICS PRESENTS AT WONCA EUROPE REGIONAL

With some satisfaction I can report that the Special Interest Group (SIG) on Ethics organized three successful events at the September Wonca Europe Regional conference in Istanbul.

Micky Weingarten started out with a brilliant and very well attended plenary presentation on “The Ethics of Prevention”. He summarized that systematic preventive medicine is an inappropriate use of the GP’s time and skill and it is not even cost-effective. In contrast to systematic preventive medicine, however, opportunistic preventive interventions by general practitioners are highly effective and eminently justifiable.

This was followed by our regular “Workshop on Ethical Dilemmas”. This workshop developed into a very attractive event for participants: approximately 100 people attended. After a presentation of a series of recent ethical dilemmas, the audience was asked to select several situations for detailed discussion in smaller groups. First, an HIV positive patient requests that the test result is not disclosed to their husband/wife; How does a family doctor provide information to the parents on the chances for their baby to have HIV as well? It was discussed what consequences the disclosure of the infection would have to family, and the potential impact on friends and the work situation. In summary, the group saw no possibility to recommend something as completely right or completely wrong.

Second, a young man suffering from heavy injuries and paralyses after a car accident had too much alcohol in his blood. The father requested from the GP to delete that information from the medical record for insurance purposes. The group agreed that the patient should not be punished even further. The question is who owns the record of the patient and it became evident that there are differences in the legislation in several countries.

Third, the discussion was about a GP colleague asked for a certificate whether or not a patient was fit for driving. Several options were discussed; again it became evident how different legislation in different countries is and how difficult it is to define fitness for driving.

A colleague reported about very different attitudes and procedures provided by GP colleagues depending on whether they are of Islamic or Christian religion. Fundamental differences between attitudes of human beings - even among GPs- and between countries were identified. The question arose whether or not the GP can be neutral. The final conclusion was that an individual approach to such situations is necessary.

In the afternoon the symposium “Challenges to our Professional Attitudes – the Ethics of Electronic Medical Records” took place. Again the session was well attended and provided an insight into both the level of implementation of electronic medical records in Europe and the ethical challenges involved. Shmuel Reis talked about the patient-doctor-computer-relationship and the different views and expectations of the players involved. His statements were focused on unintended consequences of medical information systems. His conclusion is that the use of the computer and electronic medical records requires specific, additional and focused attention of the GP.

Serkan Bulut continued on the issue of confidentiality of clinical information, primarily at the hospital setting. She had several examples that clinical data have been used for research or teaching purposes without patients consent and was asking for a specific code of ethics for that situation. Gillian Braunold focused on the sharing of electronic medical records between the hospital and colleagues working outside the hospital sector. She elaborated on the change of the use of medical records from the past up to the future and all the different perceptions about risks or benefits. The challenges are of course ethical but are also related to data quality and the liability in case of misinformation. Her suggestion is to ask specific permission for every record which is examined. However despite that, secondary use of the data cannot be excluded.

Finally, Amos Ritter talked about the situation of the health care system in Israel where everything has been computerized and digitalized. The system has three levels: the information labelled white is freely available, purple means delicate data and orange requires consent and specific permission. He discussed the difference between consent and permission, focused on the dignity of patients, on the problem on confidentiality and data security and on the ultimate problem, which is protection of the patient. The session was summarized and concluded by Mickey Weingarten.

The next Wonca Europe Regional Conference will take place in Basel, Switzerland 16th to 19th September 2009. Since the main theme of the conference is “the fascination of complexity – dealing with individuals in a field of uncertainty” it has been proposed that this theme could be complemented with a special symposium on the ethical issues arising from uncertainty in General Practice, such as in diagnosis, therapy, compliance, own competency, medical certificates, and as a young trainee.

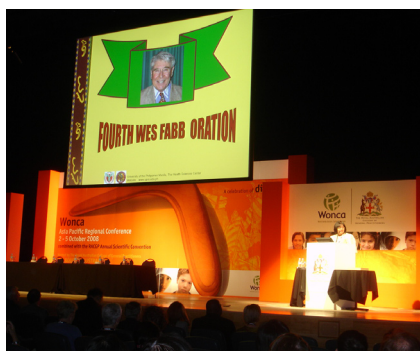
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WONCA WOMEN AND FAMILY MEDICINE WORKING PARTY GOES REGIONAL!

Having been represented at the Eastern Mediterranean Regional meeting in Dubai, at the World Rural Health meeting in Nigeria, and at the IberoAmericana-CIMF Regional meetings earlier this year, the Wonca Working Party on Women and Family Medicine (WWPWFM) (<http://www.womenandfamilymedicine.com>) can now report that we also

held workshops at the excellent European and Asia Pacific meetings in September and October 2008.

We were delighted to see more women speakers appearing in the Wonca regional meeting. It was particularly exciting for us to see Professor Cheryl Levitt, our past Chair, giving a plenary on ‘Why gender matters in family medicine’ in Istanbul, and one of our key Executive members, Professor Zorayda Leopando, giving the Wes Fabb Oration at the Melbourne meeting.



Professor Zorayda Leopando giving the Wes Fabb Oration at the Asia Pacific Regional in Melbourne



The Woman and Family Medicine Working Party at the Asia Pacific Regional pre-conference in Melbourne

The WWPWFM had a regional pre-conference in Melbourne, with around 40 people, and welcomed many new contacts at the main meeting workshops. In addition, members of the Wonca World Executive visited our meeting, and were highly supportive of our ongoing work, also mentioning the importance of gender

and equity in the President’s opening addresses at both regional meetings. Hopefully all scientific committees for regional meetings will seek to ensure a balance of male and female speakers in future.

For Asia Pacific, we should particularly thank Amanda Barnard for her personal and departmental contribution to financing and organising the Melbourne pre-meeting and accommodation. Thanks also to Teri from the Phillipines and Bich from Vietnam for their presence and leadership in speaking for younger women doctors. We thank Jan Coles and Jo Wainer, for helping to facilitate the preconference and writeup.

In Istanbul, Amanda Howe, Ilse Helleman and Cheryl Levitt continued to work on a response to the bylaws changes, which were then presented to the Wonca Executive meeting, along with requests for budgetary and regional support for our plans for 2009.

There was however bad news on the financial front. All funds have been frozen against the global economic crisis, so no budget is currently available for our planned activities in 2009, which includes an important planning meeting in the United Kingdom (UK). Chair Amanda Howe met with the Wonca President to seek a solution and support, and we have now sent letters directly to Council members in all Wonca regions to appeal for delegates to be funded to attend. The UK Royal College of General Practitioner’s International Section has already responded with a generous bursary and a Travel Scholarship for Dada Leopando, and we hope others will follow suit. The advantages for regions are that if they fund attendees at the UK meeting they can then be assured that they will have full engagement with, and representation to, the Women’s Working Party. This should ensure a real cascade of expertise

back to the members and increase participation and accountability of the Action Plan to suit all members' needs.

So we have a plea for all readers to make sure your membership organisation and regional Council know about the WWPWFM meeting, and that you try to get a delegate funded. The aims of the meeting to be held in England from 28 June to 3 July 2009 are to:

- Develop leadership potential in family medicine, especially among women doctors
- Build on gender equity goals already set in place which will impact on clinical, training and research priorities in women and children's health
- Plan strategic goals for the next 3 years which relate to working with higher education structures and family medicine organisations to improve capacity for family medicine
- Encourage people early in their careers to develop their academic and leadership potential for service and scholarship, especially through Wonca.:

The meeting will focus on how to achieve gender equity in all settings in which we work as family physicians and assist patients. It will be a learning experience, and will include leadership training, development of understanding of how to achieve organisational change, and a re-examination of our current action plan to go forward to the next triennial meeting.

For further details of our work to date, please visit the website. If you are able to attend (cost ~ £500 per person plus travel) please contact the Chair Professor Amanda Howe, also if you need further information or can send a delegate. And please draw this request to the attention of your local leads. See you there!

Amanda Howe
Chair, Working Party on Women and Family Medicine
Amanda.howe@uea.ac.uk

HEALTH AND HEALTH SYSTEM NEWS

WHO'S 2008 WORLD HEALTH REPORT URGES RETURN TO PRIMARY HEALTH CARE

The World Health Organization released the 2008 World Health Report on 14 October in Almaty, Kazakhstan, at the site and on the 30th anniversary of the Alma-Ata International Conference on Primary Health Care held in 1978. The report critically assesses the way that health care is organized, financed, and delivered in rich and poor countries around the world.

The 2008 WHO Report, "Primary Health Care – Now More than Ever", documents a number of failures and shortcomings that have left the health status of different populations, both within and between countries, dangerously out of balance. "The World Health Report sets out a way to tackle inequities and inefficiencies in health care, and its recommendations need to be heeded," said WHO Director-General Margaret Chan at the launch of the report in Almaty, Kazakhstan. "A world that is greatly out of balance in matters of health is neither stable nor secure."

The report, Primary Health Care – Now More Than Ever, commemorates the 30th anniversary of the Alma-Ata International Conference on Primary Health Care held in 1978. That event was the first to put health equity on the international political agenda. WHO member countries signed the Alma-Ata Declaration and set an ambitious goal of "health for all" by the year 2000 attained by health systems emphasizing primary health care.

However, WHO Director-General Chan, "The approach was almost immediately misunderstood." Primary health care was misconstrued as poor care for poor people. It was also seen as having an exclusive focus on first-level care. Some dismissed it as utopian and others thought it a threat to the medical establishment.

Although the "health for all" movement struggled without a unifying and complete definition of primary health care and set of organizing, delivery and financing principles, the WHO Report cited data that demonstrated global health status had indeed significantly improved subsequent to the Alma Ata Declaration. For example, if children were still dying at 1978 rates, there would have been 16.2 million deaths globally in 2006. In fact, there were only 9.5 million such deaths. This difference of 6.7 million is equivalent to 18,329 children's lives being saved every day.

The WHO Report cited countries in each region, with the exception of Africa, that today exhibit mortality rates less than one fifth of what they were 30 years ago. Leading examples include Chile, Malaysia, Oman, Portugal and Thailand. These results were associated with improved access to expanded health-care networks, made possible by sustained political commitment and by economic growth that allowed them to back up their commitment to health for all by maintaining or expanding investment in the health sector and in primary health care.

While significant progress towards health for all was demonstrated on a global level, the WHO Report found significant variations across countries with striking inequities in health outcomes, in access to care, and in what people have to pay for care. In many countries, health system delivery and financing policy lost focus on fair access to care, their ability to invest resources wisely, and their capacity to meet the health needs and expectations of people.

To steer health systems towards better performance, the report calls for a return to primary health care. When countries at the same level of economic development are compared, those where health care is organized around the tenets of primary health care produce a higher level of health for the same investment.

In the World Health Report, WHO proposes that countries make health system and health development decisions guided by four broad, interlinked policy directions. These four represent core primary health care principles redefined in a more comprehensive and modernized way than in the original and limited definition of 30 years ago. The four sets of primary health care policy reforms cited in the report are:

- **Universal coverage:** For fair and efficient systems, all people must have access to health care according to need and regardless of ability to pay.
- **Enhanced people-centered primary care services:** Health systems can be reoriented to better respond to people's needs through primary care centered delivery points embedded in communities.
- **Strengthened community-centered public health policies:** Healthier communities may be realized by integrating public health actions with primary care, by pursuing healthy public policies across sectors and by strengthening national and transnational public health interventions.

- **Effective health system leadership:** Effective leadership is required to institute these health system reforms to meet personal and public needs and expectations.

Such lessons take on critical importance at a time of global financial crisis. "Viewed against current trends, primary health care looks more and more like a smart way to get health development back on track," stated Dr Chan. As initially articulated, primary health care revolutionized the way health was interpreted and radically altered prevailing models for organizing and delivering care. It represented a deliberate effort to counter trends responsible for the "gross inequality" in the health status of populations. In calling for a return to primary health care, WHO argues that its values, principles and approaches are more relevant now than ever.

As the report notes, health systems will not naturally gravitate towards greater fairness, effectiveness and efficiency. Deliberate policy decisions are needed. The evidence and arguments set out in the report should help in this task. "We are, in effect, encouraging countries to go back to the basics," says Dr Chan. "Thirty years of well-monitored experience tell us what works and where we need to head, in rich and poor countries alike."

WONCA COMMENTS FAVORABLY ON THE 2008 WORLD HEALTH REPORT

In an October 14th letter to WHO Director General Margaret Chan, President Chris van Weel and CEO Alfred Loh responded favorably on behalf of Wonca to the WHO 2008 World Health Report, "Primary Health Care: Now More Than Ever".

Wonca acknowledged the WHO's leadership some 30 years after the declaration of Alma Ata, in "re-defining of the principles and implementation of primary health care: the integration of primary health care with public health, putting the people in the centre of care, the importance of public policies on people's health and the need for leadership and effective government. Wonca supports the recommended strategies to make health systems more responsive to people's needs, by emphasizing the importance of universal coverage of the population and universal access, without barriers, to primary health care; the importance of comprehensiveness of care, continuity of care, and focusing on individuals, and their families and the communities they live.

Wonca agreed with the important concept of the primary-care team that acts the point-of-entry for a

well-defined population, be it based on geographical definitions or on patient-lists. Wonca agreed with the report's definition of the primary health care team including family physicians and general practitioners, but with the need for other health care workers to create a more pluralistic health care landscape.

In its letter to the WHO Director General, Wonca emphasized "the importance of the leadership of family physicians and general practitioners in the team, to focus medical care (also when provided by more specialised services) on the overall needs of communities and populations."

The letter conveyed Wonca's commitment to "collaborate with the WHO to promote the excellent principles of the World Health Report 2008, and to determine how best these can be put into practice." Towards this goal, Wonca, "will encourage all its members to uphold the principles described by WHO in this Report and will request its national organisations to discuss with their respective governments the way family medicine/general practice may become integrated into a comprehensive primary care strategy with the primary care team as the hub of coordination. Wonca will also request universities to train family physicians / general practitioners who are responsive to the health needs of the future and who will operate in the framework of the primary care team."

MEMBER AND ORGANIZATIONAL NEWS

AMERICAN ACADEMY OF FAMILY PHYSICIANS ELECTS ITS OFFICERS

The American Academy of Family Physicians is pleased to announce the family physicians assuming the Offices of President, President-elect and Board Chair following the AAFP Annual Scientific Assembly in October.

Ted Epperly of Boise, Idaho, assumed the office of President at the AAFP Annual Scientific Assembly in October. He will serve as the AAFP President until October 2009 during the AAFP annual meeting in Boston, Massachusetts.

Dr Epperly is Program Director and Chief Executive Officer of the Family Medicine Residency in Boise, Idaho. He is also Clinical Professor of Family Medicine at the University of Washington School of Medicine in Seattle,

and serves on the Board of Health for a four-county area surrounding Boise. In addition, Dr Epperly served 21 years with distinction in the US Army as a family physician, residency director, department chair, chief of a mobile Army surgical hospital emergency room, commander of a field hospital, chief of staff, director of graduate medical education, and deputy commander of an Army medical center.



Ted Epperly, AAFP President



James King, AAFP Board Chair



Lori Heim, AAFP President-elect

Lori Heim of Laurinburg, North Carolina, was elected AAFP President-elect. She will assume the Office of President at the conclusion of Dr. Epperly's term in October 2009.

Dr Heim serves as a hospitalist at Scotland Memorial Hospital in Laurinburg. In addition, she serves on the Board of Managers of TransorMED LLC, an \$8 million initiative of the AAFP focused on transformative medical practice redesign. Dr Heim served 25 years with distinction in the Air Force as staff physician, clinic chief, residency director, assistant professor, university health center director, chief of the medical staff and commander.

Jim King of Selmer, Tennessee completed his term as AAFP President in October and, as immediate Past President, assumed the role of Chair of the Board of Directors, a position he will occupy until October 2009.

Dr King is in private practice in the rural community of Selmer and serves as a volunteer faculty at the University of Tennessee Health Sciences Center in Memphis. He is also on the medical staff of the McNairy Regional

Hospital in Selmer and serves as medical director of Chester County Healthcare Services. King has presented the AAFP's Tar Wars tobacco-free education program to Selmer area fourth- and fifth-graders since 2000. He has served as chair of the McNairy County Board of Health, member of the TennCare Steering Committee of the Tennessee Department of Health, and member and then chair of the Primary Health Care Liaison Committee for the State of Tennessee.

Daniel J. Ostergaard, M.D.
AAFP Vice President for Professional Activities
dosterga@aafp.org

LESOTHO OPENS FAMILY MEDICINE SPECIALTY TRAINING PROGRAM

The vision of a family medicine training program for Lesotho, Southern Africa began in 2006 with discussions between Lesotho's Ministry of Health and Social Welfare (MOHSW) and representatives from Boston University. This vision came to fruition in January of 2008.

Lesotho has a population of approximately two million people and is completely surrounded by South Africa. It has the world's third highest prevalence of HIV/AIDS and a high co-infection rate of tuberculosis. Its high disease burden is coupled with a severe shortage of health care professionals; there are approximately 20,000 people per physician and 1,600 people per nurse in Lesotho. Lesotho has no medical school and there is a high rate of out migration of health care professionals.

The training program is one answer to this gap between the immense health care needs and the extremely limited human resources. The program was envisioned by a partnership between Lesotho's MOHSW and the Lesotho-Boston Health Alliance (LeBoHA), Boston University Medical Center's operating arm in Lesotho. The Family Medicine Training Program is supported by the W.K. Kellogg Foundation. The residency program is affiliated with the Department of Family Medicine at Boston University School of Medicine and has close ties to the University of Free State's Family Medicine Department in Bloemfontein, South Africa.

The intention of the Family Medicine Training Program is to increase the number of well trained district physicians in Lesotho who have the knowledge, skill and commitment needed to meet the health care needs of the people of Lesotho. Concurrently, LeBoHA is working



Lesotho Family Medicine

to improve both management and nursing practices to strengthen district level health services in order to assist in the recruitment and retention of health care professionals.

The Family Medicine Specialty Training Program is a four-year residency program, based at two district hospitals – Motebang District Hospital and Maluti Adventist Hospital. Rotation sites include Queen Elizabeth II, Lesotho's national referral hospital, and the Lesotho Baylor Center of Excellence for care of children with HIV/AIDS. Applicants are eligible for the program after completing medical school and at least one year of internship. This program is open to Lesotho nationals. The program began in January 2008 with two registrars (residents in the USA). The program's second incoming class, to begin in January 2009, will add another 4 registrars to the program. There are two full time faculty from the United States and one local faculty member.

The teaching approach is a mix of both the US and South Africa models. Similar to American residencies, registrars experience intensive one-on-one teaching during daily joint ward rounds with faculty and weekly formal didactic presentations by faculty and medical staff. The training program has also incorporated the Southern African model of practical hands on clinical experience with academic back-up/input from distant centers, which in the programs case are Boston University and the University of the Free State.

Training includes the broad range of skills and knowledge needed to be a district physician. The four-year curriculum includes clinical skills in general surgery, obstetrics, and medicine as well as specialized skills in HIV/AIDS treatment, hospital management practices, research training, and public health courses in epidemiology and

applied biostatistics. Special attention is given to the skills needed to translate the latest evidence based care into patient care settings with limited resources. Broadband internet connectivity allows registrars to access the latest evidence based medicine and to participate in international conferences in real time. The registrars are also trained to work as part of the primary care team, working alongside nurses and community health workers to more fully integrate patient care.

Those interested in further information may contact Dr Philip Elkin, Director of the Family Medicine Specialty Training Program at pelkin@bu.edu.

Philip Elkin M
Director, Family Medicine Specialty Training Program

Fadya El Rayess
Deputy Director, Family Medicine Specialty Training Program

Sebaka Malope MD
Registrar, Family Medicine Specialty Training Program

Jose Musoke, MD
Registrar, Family Medicine Specialty Training Program

RESOURCES FOR THE FAMILY DOCTOR

WHO'S 2008 WORLD HEALTH REPORT - PRIMARY HEALTH CARE, NOW MORE THAN EVER

The World Health Organization's 2008 World Health Report, "Primary Health Care – Now More Than Ever", is an important and historic health policy document for all family doctors, especially those in leadership policies at the local, national and international level in their communities, health systems and professional organizations.

The 2008 WHO World Health Report asserts that "primary health care" is needed, now more than ever, as a guiding principle for health systems that are responsive to individual and community needs. The Report's first chapter describes the challenges of our increasingly urbanized, globalized and aging world, and the limitations the current system. These trends contribute to a rise in chronic diseases, like heart disease, stroke, cancer, diabetes and asthma that create new demands for long-term care and strong community support.

Key health system limitations identified in the report include: 1) hospital centrism – health systems built around hospitals and specialists, 2) fragmentation – health systems built around vertically-oriented diseases and other priority programs, and 3) health systems left to drift towards unregulated commercialism.

The WHO Report concludes that conditions of "inequitable access, impoverishing costs, and erosion of trust in health care constitute a threat to social stability."

Paradoxically, in far too many cases, people who are well-off and generally healthier have the best access to the best care, while the poor are left to fend for themselves. Health care is often delivered according to a model that concentrates on diseases, high technology, and specialist care, with the power of primary care and prevention largely ignored.

Specialists may perform tasks that are better managed by general practitioners, family doctors, or nurses. This contributes to inefficiency, restricts access, and deprives patients of opportunities for comprehensive care. When health is skewed towards specialist care, a broad menu of protective and preventive interventions tends to be lost. WHO estimates that better use of existing preventive measures could reduce the global burden of disease by as much as 70%.

The WHO Report observes that inequities in access to care and in health outcomes are usually greatest in cases where health is treated as a commodity and care is driven by profitability. The results are predictable: unnecessary tests and procedures, more frequent and longer hospital stays, higher overall costs, and exclusion of people who cannot pay. In rural parts of the developing world, care tends to be fragmented into discrete initiatives focused on individual diseases or projects, with little attention to coherence and little investment in basic infrastructures, services, and staff. As the report observes, such situations reduce people to "programme targets." Above all, health care is failing to respond to rising social expectations for health care that is people-centred, fair, affordable and efficient.

The subsequent four chapters describe the four requisite core principles of primary health care to reform and build effective health

systems. They are: 1) universal coverage to increase access for all to health services, 2) people-centered health care reforms that reorganize and strengthen primary care services around people's needs and expectations, 3) community-centered public health reforms that secure healthier communities, by integrating public health actions with primary care, and 4) effective leadership that responds to people's health needs and expectations and, in a participatory manner, guides and negotiates improvements to the health system.

These four Primary Health Care oriented strategies - - - universal coverage, enhanced primary care, enhanced public health initiatives, and effective leadership - - - are seen the as best way of coping with three ills of life in the 21st century: the globalization of unhealthy lifestyles, rapid unplanned urbanization, and the ageing of populations. The four primary health care oriented reforms are aimed at realigning specialist-based, fragmented and commercialized health systems in order to meet rising public expectations for effective, efficient, accessible and affordable care.

A primary health care approach, when properly implemented, protects against many of these problems. It promotes a holistic approach to health that makes prevention equally important as cure in a continuum of care that extends throughout the lifespan. As part of this holistic approach, it works to influence fundamental determinants of health that arise in multiple non-health sectors, offering an upstream attack on threats to health. The complete 2008 World Health Report may be ordered or downloaded online at <http://www.who.int/whr/2008/en/index.html>

PRIMARY HEALTH CARE: THE WAY FORWARD

Two key articles published recently in Lancet help define primary health care in practical, operational terms and suggest fundamentally important strategies to strengthen health systems within the framework of primary health care as articulated in the 2008 World Health Report, "Primary Health Care – Now More Than Ever". The Lancet articles are relevant and important reading for Wonca member organizations, working groups and FP/GP leaders.

In a September 13th Lancet article entitled, "Integration of Personal and Community Health Care" (Lancet. 2008 Sep 13;372(9642):871-2), Professors Chris van Weel, Jan De Maeseneer, Richard Roberts suggest that the fundamental strategy missing in the implementation the 1978 Alma Ata declaration on primary health care was the failure to integrate the perspective of personal and public health. Public health leaders defined and viewed "primary health care" in the context of "populations", while family doctors and sympathetic physicians viewed the same term within the context of "personal care", even substituting the term "primary care" to define individual or patient care.

Given the renewed interest in primary health care, the authors suggest that the way forward is to reduce confusion by clarifying that "primary health care" refers to both "personal" and "community" health care. They suggest using the term "personal care" instead of "primary care" and "community-oriented primary care" for "primary health care". With the dual goals of improved personal and community health in mind, the way forward is to help health systems and family doctors integrate personal health care and public health, and organise primary care on the principle of care

for individuals in the context of an identified population over time. They suggest that health systems and FP/GP practices that successfully operationalize primary health care will be those that effectively and efficiently "integrate personal health care and public health, and organise primary care on the principle of care for individuals in the context of an identified population over time"

In the October 14, 2008 issue of Lancet entitled, "From Alma-Ata to Almaty: A New Start for Primary Health Care" (Lancet. 2008 Oct 18;372(9647):1365-7), Professors Salman Rawaf, Jan De Maeseneer and Barbara Starfield suggest that what we have learned in the past 30 years since Alma Ata can be applied to build effective health systems within the guiding principles of primary health care.

The authors write that the essential features of such health systems are: accessibility (with no out-of-pocket payments), a person (not disease) focus over time, universality, a broad range of services in primary care, and coordination when people do have to receive care elsewhere. Health systems should not focus on just a few diseases or health problems, as this "vertical" approach interferes with the development of local services for primary health care through the inefficiency and duplicated effort of competing personnel and facilities.

They suggest that the gap between primary care and public health must be bridged by intersectoral actions for health to address social and health determinants. The authors cite numerous studies over the past 30 years that demonstrate that primary care reduces social inequalities in health through empowerment of individuals and communities and through social cohesion. A primary care and public health approach can most effectively prevent, control and cure chronic illness in individuals

and populations. For example, they cite data from the United Kingdom's National Health Service, that over 95% of contacts with patients for acute and chronic conditions occur in primary care, 82% of all problems are effectively managed at this level, and patients' satisfaction is high and at a relatively low cost to the health system.

One of the key ways forward is to redirect a portion of disease-specific funds to strengthen and broaden primary health care delivery systems. With this goal in mind, the "15by2015 campaign" was launched in March 2008, to strengthen health systems led by primary care by asking donors to invest 15% of their funding in local primary health care.

The authors suggest that a second key way forward would be to develop a worldwide plan for primary health care. They recommend that WHO should set the agenda for this development, by creating a specific high-level unit for primary health care that cuts across the programmes oriented vertically to diseases in the organisation.

(Editors Note: Family doctors and primary care advocates may join the "15by2015 campaign" by adding their name to a list of supporters at www.GlobalFamilyDoctor.com.)

AFRICAN JOURNAL OF PRIMARY HEALTH CARE & FAMILY MEDICINE

The African Journal of Primary Health Care & Family Medicine was launched during the Primafamed conference (www.primafamed.ugent.be) in Kampala, Uganda, which was held 17-21 November 2008. The Primafamed conference venue and theme, "Improving the Quality of Family Medicine Training in Sub-Saharan Africa", served as an appropriate place to launch this first journal of its kind in Africa.

The African Journal of Primary Health Care & Family Medicine (PHCFM) serves as a repository for cutting-edge, peer-reviewed research in all fields of primary health care and family medicine in a uniquely African context. Encouraging scholarly exchange between family medicine and primary health care researchers and practitioners across Sub-Saharan Africa, PHCFM provides a contextual and holistic view of family medicine as practised across the continent. The journal is indispensable for primary health care practitioners, family medicine specialists and academics from both the developing and developed worlds, and offers an engaging insight into the growth of

these disciplines from a distinctly African perspective.

PHCFM boasts a strong international editorial board comprised of African scholars and scholars from the rest of the world. All manuscripts go through a double-blind peer review process before being accepted for publication. The journal's Editor is Professor Gboyega Ogunbanjo, Interim Director of Research at the University of Limpopo, South Africa and President of the South African College of Family Physicians. Khaya Mfenyana, Wonca Africa Regional President, is a member of the Editorial Board.

PHCFM is published by OpenJournals Publishing (OJP), the first Sub-Saharan African print and online, open-access publisher. PHCFM is co-financed by the Belgian government through the Flemish Interuniversity Council. OJP provides free access to the content of all of its journals on the principle that making research freely available to all supports a greater global exchange of knowledge. At the heart of their open access publishing framework is a desire to widen access to scholarly research, offering unrestricted access of journal content to researchers, academics, students and professionals alike.

Publishing new articles online on a rolling basis, PHCFM will be immediately and freely available online ("open access") at www.phcfm.org. It will also be available in hard copy to subscribers at the end of each yearly volume.

WONCA CONFERENCES 2009 – 2013 AT A GLANCE

Information correct as of October 2008.
May be subject to change.

**Wonca Direct Members enjoy lower conference registration fees

See Wonca Website www.GlobalFamilyDoctor.com for updates & membership information

2009			
23 – 26 April	Iberoamericana -CIMF Regional Conference	San Juan PUERTO RICO	The Family Doctor in Patient Care, Education and Research
4 – 7 June	Asia Pacific Regional Conference	Hong Kong	Building Bridges
12 – 14 June	Wonca World Rural Conference	Crete GREECE	Health Inequalities
16 – 19 Sept	Europe Regional Conference	Basel SWITZERLAND	The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty
25–28 October	African Regional Conference	Johannesburg SOUTH AFRICA	Family Medicine in the African Context
2010			
19 – 23 May	19 th Wonca World Conference	Cancun MEXICO	Millennium Development Goals: the Contribution of Family Medicine
6 – 9 October	Europe Regional Conference	Malaga SPAIN	Family Medicine into the Future Blending Health & Cultures
2011			
21 – 24 February	Asia Pacific Regional Conference	Cebu PHILIPPINES	Paradigms of Family Medicine: Bridging Old Traditions with New Concepts
8–11 Sept	Europe Regional Conference	Warsaw POLAND	To be Confirmed
2013			
June	20 th Wonca World Conference	Prague CZECH REPUBLIC	Family Medicine: Care for Generations

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

Wonca Iberoamericana-CIMF Regional Conference, Puerto Rico 2009

Host: Wonca Iberoamericana-CIMF
 Date: 23-26 April 2009
 Location: Puerto Rico
 Contact: Professor Adolfo Rubinstein Iberoamericana-CIMF Regional President
 Email: adolfo.rubinstein@hospitalitaliano.org.ar
 Web: www.cimfweb.org

Wonca Asia-Pacific Regional Conference, Hong Kong 2009

Host: Hong Kong College of Family Physicians, HKCFP
 Theme: Building Bridges
 Date: 4 - 7 June 2009
 Venue: Hong Kong Conventional and Exhibition Centre, Hong Kong
 Contact: Dr. Andrew Ip
 Chairman, Host Organising Committee
 Hong Kong College of Family Physicians, HKCFP
 Rm 701 HKAM Jockey Club Bldg.
 99 Wong Chuk Hang Road
 Aberdeen, Hong Kong
 Tel: +852 25286618
 Fax: +852 28660616
 Email: hkcfp@hkcfp.org.hk
 enquiry@wonca2009.org
 Web: www.wonca2009.org

Wonca Europe Regional Conference, Basel, Switzerland 2009

Host: Swiss Society of General Medicine SSMG/SGAM
 Theme: The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty
 Date: 16 - 19 September 2009
 Venue: Congress Center Basel, Switzerland

Contact: Dr Bruno Kissling
 Chair Host Organizing Committee
 Swiss Society of General Medicine SSMG/SGAM
 Elfenauweg 6,
 CH-3006 Bern
 Switzerland
 Tel: 0041 352 48 50
 Fax: 0041 352 28 84
 Email: bruno.kissling@hin.ch
 Web: www.woncaeurope2009.org

19th Wonca World Conference, Cancun 2010

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

Wonca Africa Regional Conference, Johannesburg 2009

Host: South African Academy of Family Practice/Primary Care
 Theme: A Celebration of Diversity
 Date: 25 - 28 October 2009
 Venue: Johannesburg, South Africa
 Contact: Professor Khaya Mfenyana - Convenor
 Wonca Africa Regional President
 Walter Sisulu University
 Private Bag X1
 Mthatha, South Africa
 Tel: 27 833 244 4259 or
 27 47 502 2728
 Fax: 27 47 502 2235
 Email: kmfenyana@wsu.ac.za

Wonca Europe Regional Conference, Malaga, Spain 2010

Host: The Spanish Society of Family and Community Medicine (SEMFC)
 Theme: Family Medicine into the Future: Blending Health and Cultures.
 Date: 6-9 October 2010
 Venue: Málaga Conference Hall (Palacio de Ferias y Congresos de Málaga)
 Contact: Dr. Luis Gálvez-Alcaraz
 Chair Host Organizing Committee
 Spanish Society Family and Community Medicine
 Address: Portaferrissa, 8, pral.
 08002 BARCELONA (España)
 Tel: 93 317 03 33
 Fax: 93 317 77 72
 Email: luisgalvez@semfyc.es

MEMBER ORGANIZATION AND RELATED MEETINGS

1st International Conference on Family Medicine

Host: Department of Family Medicine & Public Health, College of Medicine & Health Sciences
 Sultan Qaboos University
 Theme: "Best Care for All"
 Venue: University Conference Hall
 Sultan Qaboos University,
 PO Box 35, Al Khod 123,
 Muscat,
 Sultanate of Oman
 Date: 18-21 January 2009
 Contact: Mrs. Evelyn C. Malubay/
 Dr. Mohammed Shafae,
 Head of Organizing Committee and
 Chairman of Department of Family Medicine and Public Health,
 Sultan Qaboos University
 P. O. Box 35, Al Khod 123,
 Muscat, Sultanate of Oman
 Tel no. +96824141127
 Fax no. +96824413419
 Email: conf.secretariat.fmph@gmail.com

8th Austrian Winter Conference on General Practice and Family Medicine, 2009

Host: Austrian Society of General Practice and Family Medicine (ÖGAM)
 Themes: - Patient care.
 - Research and training in general practice of topical interest.
 - Quality-oriented continuing training in clinical practice and methods of didactics and science.
 Date: January 17 – 24, 2009
 Location: Hotel Rote Wand, Zug/Lech a. Arlberg, Austria
 Chairs: Dr. Erwin Rebhandl, President OEGAM
 Prof. Manfred Maier, Scientific Director
 Contact: Christian Linzbauer
 Secretary OEGAM
 c/o Vienna Medical Academy
 Tel: 0043 1 4051383-17
 Fax: 0043 1 4078274
 Email: office@oegam.at
 Web: www.oegam.at/c1/events.asp

First Middle East-Asia Allergy Asthma Immunology Congress, Dubai 2009

Host: World Allergy Organization
 Theme: New Horizons in Allergy, Asthma and Immunology
 Date: March 26-29, 2009
 Venue: Intercontinental Dubai Festival City
 United Arab Emirates
 Contact: MCI - Dubai Office
 Conference Secretariat
 P.O. Box 124752,
 Dubai, United Arab Emirates
 Tel: 971 (0)4 341 5663
 Fax: 971 (0)4 341 5664
 Email: MEAAAIc2009@mci-group.com
 Web: www.meaaaic.com

16th Nordic Congress of General Practice, Copenhagen 2009

Host: The Danish College of General Practitioners
 Theme: The Future Role of General Practice – Managing Multiple Agendas
 Date: May 13-16, 2009
 Venue: The Scandic Hotel, Copenhagen, Denmark
 Contact: Peter Torsten Sorensen, M.D., Director
 The Danish College of General Practitioners
 PO Box 2099
 1014 Copenhagen K
 Denmark
 Tel: +45 3532 6590
 Fax: +45 3532 6591
 Email: pts@dsam.dk
 Web: www.gp2009cph.com

RCGP Spring Conference, United Kingdom 2009

Host: Royal College of General Practitioners
 Theme: Creating Solutions for the Future
 Date: 15-18 May, 2009
 Location: Royal Geographical Society, London
 Contact: Royal College of General Practitioners
 Phone: 0845 456 4041
 Email: info@rcgp.org.uk
 Web: www.rcgp.org.uk

The 2009 Family Medicine Global Health Workshop, Colorado 2009

Host: American Academy of Family Physicians
 Date: September 10-12, 2009
 Venue: Omni Interlocken Resort, Broomfield, Colorado
 Contact: Rebecca Janssen
 Address: AAFP
 1400 Tomahawk Creek Parkway
 Leawood, KS 66211
 Tel: 1-800-274-2237 ext. 4512
 Fax: 1-913-906-6088
 Email: rjanssen@aafp.org
 Web: www.aafp.org/intl/workshop

The 18th European Academy of Teachers of General Practice (EURACT) Workshop, Bled Slovenia 2009

Date: September 29 – October 3, 2009
 Location: Bled, Slovenia
 Contact: Ana Artnak,
 Medicinska fakulteta,
 Katedra za druzinsko medicino,
 Poljanski nasip 58, p.o. Box 2218,
 1104 Ljubljana, Slovenia
 Telephone: +386-1-43-86-915
 Email: euract_bled_course@yahoo.com, kdrmed@mf.uni-lj.si
 Web: http://www.drmed.org/novica.php?id=16146

American Academy of Family Physicians (AAFP)

Annual Congress of Delegates and Scientific Assembly, Boston 2009

Date: October 12-18, 2009
 Venue: Westin Waterfront Hotel and Convention Center
 Boston, Massachusetts
 Contact: AAFP
 11400 Tomahawk Creek Parkway
 Leawood, Kansas 66211-2672, USA
 Tel: 1 913 906 6000
 Fax: 1 913 906 6075
 Email: international@aafp.org
 Web: http://www.aafp.org



Wonca EUROPE 2009 conference

**16–19 September 2009
Basel, Switzerland**

**The Fascination of Complexity –
Dealing with Individuals in a Field of
Uncertainty**

ABSTRACTS:

deadline 1 February 2009

Fees: 500 € delegates

320 € young doctors

100 € students (until 31 May 2009)

www.woncaeurope2009.org



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SGAM

