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WONCA EMR Newsletter - November 2025



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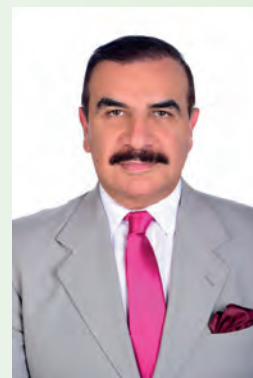
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FROM THE PRESIDENT



Welcome Message from Your New President

Dear Colleagues, Esteemed Family Physicians of the Wonca EMR Region,

It is with a profound sense of honor and immense responsibility that I address you for the first time as your newly elected President of Wonca EMR. I extend my warmest greetings to each and every one of you, the dedicated physicians who form the bedrock of our healthcare systems.

Family Medicine is more than a specialty; it is the heart of compassionate, continuous, and comprehensive care. In our dynamic and diverse region, you are the first point of contact, the trusted confidants, and the champions of community health. Yet, we all recognize the challenges we face – from evolving health burdens to systemic pressures.

Our collective vision for Wonca EMR is clear: to elevate the standards of Family Medicine and empower every family physician.

We aim to strengthen our academic foundations, advocate for our pivotal role in health systems, and foster a vibrant community of practice where we can all learn, share, and grow together.

Our collective voice is far more powerful than our individual ones. By engaging in Wonca EMR activities—whether conferences, workshops, special interest groups, or research collaborations—you are not just enhancing your own skills but you are, Shaping the Future, Contributing to the policies and standards that define our profession, Amplifying Our Voice, Strengthening our advocacy for our specialty, Building Your Network, and learning Innovation that can strengthen our discipline.

I invite you, to be active participants in this journey. Let us work hand-in-hand to showcase the indispensable value of Family Medicine.

I wish you all the very best in your vital work and look forward to collaborating with you to write this new, exciting chapter for Wonca EMR.

**With warm regards,
Prof Dr Faisal Abdullatif Alnaser**



A Beacon of Hope in the West Bank: An-Najah National University Family Medicine Clinic page

Family medicine was introduced as a specialty by An-Najah University in Nablus, a city in the West Bank, in 2011. However, no clinical training opportunities were available for either medical students or residents in the West Bank. The university offered only other specialty clinics, and due to politics, the Ministry of Health primary clinics refused to allow physicians to practice family medicine. After 12 years of making the case to An-Najah University, family medicine faculty embarked on a bold initiative, establishing the first Family Medicine Teaching Clinic in the West Bank in late 2022. This effort would serve the health needs of the local community while providing valuable training for medical students and family medicine residents. The comprehensive facilities included a lab test room, radiology, and physiotherapy services, and served as the clinical site of family medicine faculty. As the only family medicine teaching clinic, our clinic was a cornerstone for primary health care clinical education.

The first challenge was attracting patients because family medicine was a new concept in Palestine. Initially, we saw one patient a day. We had fought for years to open the clinic; our leadership was not daunted. We used social media strategies, such as disseminating patient education via Facebook pages. We broadcasted about important health topics on the university's radio station and organized many free medical care days. As patients experienced the high quality and patient-centeredness of family medicine, where they could see the same physician again and again, they told others. Within a few months, daily numbers swelled to 10 to 15 patients a day per physician, a respectable number for a teaching health center.

Our team embraced a holistic approach to medicine, prioritizing preventive care and chronic disease management. The clinic became a hub for family-oriented health care, offering services that addressed the multifaceted health challenges faced by the population living under occupation for decades. Students and residents finally gained experience in family medicine, and faculty had a convenient location to practice.

However, as the clinic began to flourish, the specter of war cast a shadow over the region. While bombs were dropped in Gaza, Israel suspended Palestinian tax income transfers in the West Bank, drastically cutting the budgets of all the ministries, including health. Land and sea blockades decreased food and supplies across the West Bank. Prices skyrocketed. Palestinians who typically worked in Israel lost their jobs. Increased Israeli military presence in the West Bank meant more roadblocks, more searches, and more attacks. Cities and villages were paralyzed for days at a time, and schools often switched to online classes. Travel times tripled and quadrupled. Many patients were unable to access their usual medical services and secure medications.

The family medicine clinic struggled to maintain operations amidst the chaos. Costs escalated and supplies dwindled. Patients' inability to pay for services exacerbated the clinic's resources and hindered the provision of key treatments. Physicians purchased glucose strips with their own money to check patients' blood sugars. The inconsistent electricity forced us to depend on generators to preserve vaccine integrity, which meant money for fuel that was not budgeted. Our dedicated staff remained resolute, determined to serve our patients despite the increasingly difficult circumstances.

As the Gaza war continued, the Ministry of Health could not pay staff or purchase pharmaceuticals and cut patient care to 2 days a week. Approximately 5,000 people evacuated their homes in our city due to repeated attacks by the Israeli military on their homes in the refugee camps. Additionally, the United Nations Relief and Works Agency (UNRWA) for Palestine refugees in the Near East, which provides health care to the camps, ceased services due in part to appropriation cuts by the US Congress's and the Israeli Parliament's votes to ban UNRWA from operating in Israel and Palestine.

Our community's needs continued to grow. We became not just a health care facility but a lifeline for those in need. Patients with hypertension needed their medications. Diabetics required monitoring, medications adjustments, and supplies. The stress of life skyrocketed the requests for mental health services. Our staff remained focused on our mission and adapted to the evolving needs of the community. For example, the principal clinic physician drove 1 to 2 hours one way to reach the clinic. Physicians purchased their own glucometers. We worked more closely with Najah specialty clinics to use telemedicine to reach individuals who lacked access to care and could not afford their health care. We managed their health concerns and referred those with red-flag symptoms to a secondary care facility.

Students engaged with patients, honing their clinical skills while providing care to those who might otherwise go without. The experience has been invaluable, instilling a sense of resilience and adaptability in the students, traits that will serve them well in their future careers. One student stated, "This is the only location where we have both theoretical and practical knowledge of family medicine. Our teacher oversees every consultation."

The protracted conflict has resulted in a decrease in enrollment in the university's medical programs as safety apprehensions eclipsed scholastic ambitions. Simultaneously, the university could not offer sufficient assistance to clinics, hence intensifying the challenge. To guarantee that our community provided continued access to medical care and to meet the growing demand for comprehensive primary care services, our family medicine clinic needed funding. We worked with family physicians in the United Kingdom and the United States, who had supported faculty development, to set up a crowdsource funding site.

In this tumultuous environment, our clinic stands as a beacon of hope. It represents not only the fight for better health but also the enduring belief in the possibility of a brighter future. The clinic has become a symbol of strength, a place where healing extends beyond physical ailments to touch the very heart of a community longing for peace and stability. We continue to train the next generation of physicians, ensuring a strong primary care workforce for the future to care for our traumatized population. Despite the odds, we are thriving—proof that even in the darkest of times, the human spirit can illuminate the path forward.

**With warm regards,
Dr suha hamshari
Palestine**

Report on the Regional Diploma Committee Meeting for Family Medicine




Report on the Regional Diploma Committee Meeting for Family Medicine

The Regional Diploma Committee for Family Medicine convened in Amman, Jordan, on November 2025, 2-1, under the auspices of the Arab Board for Higher Specializations. The meeting served as a platform for robust collaboration among key stakeholders, including the WONCA EMR and WHO EMRO to advance the standards and quality of family medicine training.

The committee is chaired by Dr. Mona Osman, former Treasurer of WONCA EMR. The committee members in attendance included:

- Dr. Nagwa Nashat (Egypt, Former WONCA EMR Honorary Secretary)
- Dr. Ban Alhashmi (Iraq)
- Dr. Nada Albunain (Saudi Arabia)
- Dr. Gofran Al Akhal (Bahrain)
- Dr. Wadiea Alsharif (UAE)
- Dr. Sereen (Tunisia)
- Dr. Saeed Salah (World Health Organization - EMRO)
- Dr. Mosleh Ismail (Vice Chairman of the Arab Board Training Committee)



The primary agenda items focused on strategic initiatives to ensure the continued excellence of the diploma program:

1. Finalization of the Inaugural Diploma Examination: The committee reviewed and approved examination materials for the first written Family Medicine Diploma exam, scheduled for December 2025.
2. Cohort Admissions Review: Applications for the program's third cohort were evaluated to select highly qualified physician candidates.
3. Modernization of Training Frameworks: The committee assessed contemporary online education models and assessment methodologies to enhance the training and evaluation of physicians across the region.

This meeting underscores a unified and steadfast commitment to strengthening the foundation of family medicine education. The committee's collaborative efforts are instrumental in ensuring high-quality training and, ultimately, improving healthcare delivery for communities throughout the region.

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WONCA EMR Shines at the 2025 World Council in Lisbon

The WONCA Eastern Mediterranean Region (EMR) made a significant and impactful presence at the recent WONCA World Council and Conference in Lisbon. Our region was exceptionally well-represented by a dynamic delegation who actively participated in governance, shared groundbreaking initiatives, and contributed to global academic literature.

Strong Representation in World Council

The EMR delegation played a vital role in the World Council proceedings, ensuring our region's voice was heard in critical discussions shaping the future of global family medicine. We extend our pride and gratitude to our attending council delegates:

- Prof. Faisal Alnaser - Bahrain (WONCA EMR Elect Chair)
- Prof. Nagwa Nashat - Egypt
- Dr. Mona Osman - Lebanon
- Dr. Fatema Zohra Mchich Alami - Morocco
- Dr. Wadeia Mohamed Alsherif - UAE

Their engagement in forging connections and sharing insights will undoubtedly strengthen primary care across the EMR.

Spotlight on EMR Innovation: Workshop #36

A major highlight was Workshop #36, "Strengthening Primary Healthcare and Public Health Initiatives in the EMR." The session showcased transformative regional programs:



- Bahrain's Family Doctor Initiative: Ensuring every patient has a dedicated family doctor.
- Egypt's Healthcare Transformation: Ambitious efforts toward universal health coverage.
- WHO-EMRO Regional Professional Diploma: Upskilling over 126 GPs across 10 countries.
- Daleel FM (Saudi Arabia): A comprehensive national reference for Family Medicine.

Our thanks to the speakers, including Prof. Alnaser and Prof. Hegazy, for highlighting these powerful models for regional adoption.

Celebrating EMR Authorship

In a landmark moment for the region, WONCA EMR was proudly represented at the launch of the WONCA-endorsed book, "Core Values in Family Medicine: Inspiring Global Change." Our esteemed members Dr. Mona Osman, Dr. Faisal A. AlNaser, Dr. Nagwa Nashat Hegazy, and Dr. Wadeia Sharief authored Chapter 5, exploring core values within the East Mediterranean context. This contribution cements our region's role in the global academic discourse.

The energy in Lisbon was electric, and WONCA EMR was at the heart of it. Here's to the collaboration, innovation, and leadership that will continue to drive our region forward!

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Family Medicine in Chains: Restoring Autonomy to Save Healthcare

ensuring continuity, comprehensiveness, equity, and preventive care. Yet across many systems, this foundation is being systematically weakened. Family physicians are constrained by top-down policies, administrative mandates, and rigid protocols developed without their participation. This erosion of professional independence has led to burnout, declining quality of care, wasted resources, and unsustainable health protocols.

The impact is evident in population health indicators: rising prevalence of chronic disease, increasing complications, escalating mental health needs, and declining patient satisfaction. These outcomes do not reflect a failure of family physicians, but rather the consequences of systems that deny them the authority to coordinate care effectively and that consistently underfund primary care. Investment continues to favor hospitals and specialist services, while the sector best positioned to prevent illness and sustain wellness remains undervalued.

Restoring autonomy is not about avoiding accountability; it is about co-designing policies that reflect clinical realities with those who deliver care at the front line. Autonomy enables physicians to adapt protocols to local contexts, develop integration models that reduce fragmentation, and prioritize patient-centered care over bureaucratic compliance. It also protects workforce sustainability by reducing burnout and supporting professional retention.

The evidence is clear: health systems that marginalize family medicine are collapsing under inefficiency and workforce attrition, while those that empower it demonstrate resilience and improved outcomes. WONCA, as the global voice of family medicine, must advocate for policy co-design and sustained investment in primary care: expanding training, resources, and infrastructure. Without autonomy, family medicine cannot fulfill its role; with autonomy, it can secure the future of healthcare.



Dr. Fajer Ismail Dashti
Senior Registrar Family Medicine - MRCGP Int'

Kuwait Representative- Al-Razi Group- WONCA YDM

Kuwait Association of Family Medicine; Treasurer and Head of Scientific committee

Gulf Association of Family Medicine; innovation and creativity committee

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