

WONCA News

Volume 42 Number 5 : June 2016



www.globalfamilydoctor.com

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From the President: Family medicine in the Middle East



Photo: WONCA Eastern Mediterranean Region President, Mohammed Tarawneh, and Honorary Treasurer Oraib Alsmadi, with representatives of the Al Razi Young Doctor Movement and representatives of the International Federation of Medical Students Associations (IFMSA)

Dr Khawla Alsawaf is a family doctor working at the Al Hamraa Primary Care Centre in Jeddah in the Kingdom of Saudi Arabia. Khawla works with a team of health professionals delivering comprehensive primary health care services to the members of her community.



Photo : Dr Khawla Alsawaf, family doctor, at the Al Hamraa Primary Care Centre, Jeddah, Saudi Arabia

I recently visited Saudi Arabia as a member of a World Health Organization mission. We had been invited to review primary health care across the country. This visit allowed me to witness the changes underway in a country that has firmly adopted a policy of strengthening primary health care through a family practice model.

Following governmental commitment to the Declaration of Alma Ata in 1980, the health system in Saudi Arabia has been reformed to deliver comprehensive, cost-effective primary care services to all members of the community.



Photo: Dr Hayel, at the Khaled Primary Health Care Centre, Jeddah, Saudi Arabia

Family Medicine was introduced as an academic discipline at the College of Medicine at King Faisal University in 1980, and at King Saud University in 1982, and postgraduate training in Family Medicine was introduced in 1983. In recent years that there has been strong government-level commitment to the role of the family physician in leading the delivery of primary health care services in Saudi Arabia.

The primary health care services provided by the Saudi Ministry of Health are delivered through an extensive national network of

2,500 primary care centres, based in both urban and rural communities. Other providers of primary care services in Saudi Arabia include university hospitals, the military, the National Guard, and the private sector.

Saudi Arabia is one of many nations in the Middle East taking the role of family medicine very seriously. Family medicine is seen as the solution to ensuring universal health coverage, health care for all people. This was highlighted at the recent WONCA Eastern Mediterranean Region Conference, held in Dubai in March, in the United Arab Emirates.

WONCA's Eastern Mediterranean Region runs from Morocco in the west through to Afghanistan in the east. The regional conference saw the welcoming of new WONCA member organisations from Afghanistan, Algeria, Kuwait and Morocco, and the Department of Family and Community Medicine at the University of Gezira in Sudan was welcomed as a new academic member. The WONCA Eastern Mediterranean Region also includes Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria and the United Arab Emirates, with a number of other countries in the region, including Iran and Tunisia, currently in the process of seeking membership of our global organisation.

One of the highlights of our Eastern Mediterranean Region Conference was a special panel session hosted by leaders from the World Health Organization's Eastern Mediterranean Regional Office (WHO EMRO), including Sameen Siddiqi, Hassan Salah and Mohammad Assai. This session highlighted many of the challenges facing family medicine development in nations of the region, including lack of government-level support, inadequate investment in facilities and support for primary health care, and severe shortages of trained family physicians and other primary health care professionals.

These are, of course, challenges that affect many countries around the world. But the WHO EMRO has a plan to scale up family practice in all nations of the region, including high, middle and low-income nations, and nations affected by serious crises. With support from WONCA, the WHO EMRO is working with each country's Ministry of Health to gain political support and strengthen capacity in family practice. Programs have

been established to introduce and scale up the training of specialist family physicians, and to support further training of general practitioners without postgraduate qualifications. Our family medicine colleagues from the American University of Beirut in Lebanon, and from Kuwait, among others, have been actively involved in working with WHO EMRO in supporting the training of colleagues from across the region.

It is impossible to visit the Eastern Mediterranean Region and not be aware of the crises affecting the people of several nations and especially the plight of the many people who are refugees fleeing violence in their home countries.



Photo: WONCA Africa region president, Matie Obazee, and other delegates participate in the 3rd WONCA Eastern Mediterranean Region 2016 Family Medicine Conference

I commend to you the [Istanbul Statement](#), released by WONCA Europe last October, calling for all people who are refugees to have access to equitable, affordable and high-quality health care.

WONCA's global special interest groups (SIGs) are also active in this area, including our [SIG on Migrant Care, International Health & Travel Medicine](#), led by Maria van den Muijsenbergh from the Netherlands, and our [SIG on Conflict & Catastrophe Medicine](#), led by Prof Rich Withnall from the United Kingdom.

Several of our member organisations have produced resources to support family doctors working with migrants, refugees and people seeking asylum, including these [guidelines from the Royal Australian College of General Practitioners](#).

We judge the nature of a community by the

way it treats its most vulnerable and marginalized members. We are being judged as a global community by the way we respond to refugee crises around the world. As family doctors we play a role in ensuring health care for all people in our local communities. By working together we have a powerful voice as

effective advocates for ensuring access to health care for all people.

Michael Kidd

President World Organization of Family Doctors (WONCA)

Del Presidente : La Medicina de Familia en el Próximo Oriente



Foto: WONCA Eastern Mediterranean Region President, Mohammed Tarawneh, and Honorary Treasurer Oraib Alsmadi, with representatives of the Al Razi Young Doctor Movement and representatives of the International Federation of Medical Students Associations (IFMSA)

El Doctor Khawla Alsawaf es un médico de familia que trabaja en el Centro de Atención Primaria de Al Hamraa, Jeddah, en el Reino de Arabia Saudí. Khawla trabaja con un equipo de profesionales de la salud que ofrece una completa asistencia en Atención Primaria a los miembros de su comunidad.

Recientemente visité Arabia Saudí como miembro de una misión de la Organización Mundial de la Salud. Fuimos invitados para hacer una revisión de la Atención Primaria en todo el país. La visita me permitió ser testigo de los cambios que se están llevando a cabo en un país que ha adoptado una firme política de fortalecimiento de la Atención Primaria a través de un modelo basado en la práctica de la especialidad de Familia.

A partir del compromiso gubernamental de la Declaración de Alma Ata en 1980, el sistema sanitario en Arabia Saudí ha sido reformado para que ofrezca una AP completa y costo-efectiva a todos los miembros de la comunidad.

La Medicina de Familia fue introducida como una disciplina académica en la Facultad de Medicina de la Universidad King Faisal en 1982, y la especialidad de posgrado en Medicina Familiar fue introducida en 1983. En los últimos años ha habido un fuerte compromiso a nivel gubernamental con respecto al papel del médico de familia a la hora de liderar los servicios de la Atención Primaria en Arabia Saudí.

Los servicios de la Atención Primaria que ofrece el Ministerio de Sanidad saudí se distribuyen a través de una extensa red nacional de 2.500 centros de Atención Primaria que dan cobertura tanto con las comunidades urbanas como rurales. Otros proveedores de los servicios de la AP en Arabia Saudí son los Hospitales Universitarios, los Militares, la Guardia Nacional y el sector privado.

Arabia Saudí es uno de los muchos países del Próximo Oriente que dan una gran importancia al papel de los Médicos de Familia. La Medicina Familiar es considerada como la solución para asegurar la cobertura universal de salud, y la asistencia sanitaria para toda la población. Esto quedó remarcado en el reciente Congreso de WONCA de la Región Mediterránea Oriental, que tuvo lugar en Dubai el pasado mes de marzo, en los Emiratos Árabes Unidos.

La Región Mediterránea Oriental de WONCA va desde Marruecos en el oeste hasta Afganistán en el este. El Congreso regional dio la bienvenida a las nuevas organizaciones

miembro de Afganistán, Argelia, Kuwait y Marruecos, y al Departamento de Medicina Familiar y Comunitaria de la Universidad de Gezira en Sudan, que también fue recibido como nuevo miembro académico. En la Región Mediterránea Oriental de WONCA también se incluye a Bahrein, Egipto, Iraq, Jordania, Kuwait, Líbano, Omán, Qatar, Arabia Saudí, Siria y los Emiratos Árabes Unidos, con buen número de otros países en la región, incluyendo a Irán y Túnez, en este momento en proceso de ser aceptados como miembros de nuestra organización mundial.

Uno de los elementos remarcados en nuestro Congreso del Mediterráneo Oriental fue la sesión del comité especial que reúne a los líderes de la Organización Mundial de la Salud de la Región Mediterránea Oriental (WHO EMRO), de la que forman parte Sameen Siddiqi, Hassan Salah y Mahammad Assai. Esta sesión remarcó muchos de los retos a los que se enfrenta el progreso de la Medicina de Familia en los países de la zona, incluyendo la falta de apoyo gubernamental, la escasa inversión en infraestructuras y el respaldo a la Atención Primaria, así como una severa escasez de médicos de familia formados y otros profesionales de AP.

Estos son, sin duda, retos que afectan muchos otros países en todo el mundo. Pero la Región Mediterránea Oriental de la OMS (WHO EMRO) está trabajando conjuntamente con los Ministerios de Sanidad de cada uno de los países para conseguir aumentar el apoyo político y que se fortalezca la capacidad de la Medicina de Familia. En ese sentido, se han establecido programa para introducir y ampliar la formación de médicos de familia especialistas, y para apoyar una mayor formación de los médicos generalistas sin calificaciones de posgrado. Nuestros colegas de la Medicina de Familia de la Universidad Americana de Beirut en el Líbano y de Kuwait, entre otros, se han implicado activamente en el trabajo conjunto con la WHO EMRO para reforzar la formación de los otros colegas en toda la región.

Es imposible visitar la Región Mediterránea Oriental y no percatarse de la crisis que afecta a la población de muchos países y, especialmente, los apuros de mucha de la

gente que son refugiados huyendo de la violencia de sus propios países.

Os recomiendo que leáis [la Declaración de Estambul](#), hecha pública el paso mes de octubre por WONCA Europa, en la que se hace un llamamiento para que la población refugiada tenga un acceso a la asistencia sanitaria que sea equitativo, asequible y de calidad.

Los Grupo de Interés Especial de WONCA también están muy activos en esta zona, incluyendo el SIG de Atención al Inmigrante, Salud Internacional & y Medicina de Viaje, liderado por Maria van den Muijsenbergh de Holanda, y nuestro SIG de Medicina de Conflicto & Catástrofe, liderado por el Profesor Rick Withnall del Reino Unido.

Muchas de nuestras organizaciones miembro han aportado recursos para apoyar a los médicos de familia que trabajan con inmigrantes, refugiados y personas demandantes de asilo, incluyendo estas pautas publicadas por el Real Colegio Australiano de Médicos de Familia ([Royal Australian College of General Practitioners](#)).

La forma en que una sociedad trata a sus miembros más vulnerables y marginados es lo que nos permite juzgarla. Estamos siendo juzgados como comunidad global por la forma en la que estamos respondiendo a la crisis de los refugiados en todo el mundo. Como médicos de familia debemos jugar un papel determinante a la hora de asegurarnos que la asistencia sanitaria llega a toda la población de nuestras comunidades locales. Gracias al trabajo conjunto, la nuestra es una voz potente como defensores efectivos para asegurar la cobertura universal de salud y el acceso a ella para todo el mundo.

Michael Kidd

President

World Organization of Family Doctors
(WONCA)

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

Du président: La médecine familiale au Moyen Orient



Photo: Le Président de WONCA Région Méditerranée orientale, Mohammed Tarawneh avec le Trésorier honoraire, Oraib Alsmadi, les représentants du Mouvement des Jeunes Médecins Al Razi et les représentants de la Fédération internationale des Associations d'Etudiants en Médecine (IFMSA)

Dr Khawla Alsawaf exerce comme médecin de famille au Centre de soins de santé primaires Al Hamraa à Djeddah en Arabie saoudite. Dr Khawla fournit, aidé d'une équipe de professionnels de la santé, des services de santé de soins primaires complets aux membres de sa communauté.

J'ai récemment visité l'Arabie Saoudite en tant que membre d'une mission de l'Organisation Mondiale de la Santé. Nous étions invités à examiner les soins de santé primaires à travers le pays. Cette visite m'a permis d'être témoin des changements en cours dans un pays qui a fermement adopté une politique de renforcement des services de santé primaires se reposant sur le modèle du centre de médecine familiale.

A la suite d'un engagement du gouvernement ayant trait à la Déclaration d'Alma Ata en 1980, le système de santé d'Arabie Saoudite a été réformé afin de fournir des soins de santé primaires complets et économiquement rentables à tous les membres de la communauté.

La médecine familiale fut introduite comme discipline universitaire à la Faculté de Médecine de l'Université King Faysal en 1980, à l'Université King Saud en 1982, et la

formation postdoctorale en médecine familiale fut introduite en 1983. Dans les récentes années, il y a eu un engagement soutenu au niveau du gouvernement quant au rôle du médecin de famille dans la prestation des services de santé primaires en Arabie saoudite.

Les services de soins de santé primaires assurés par le Ministère de la Santé d'Arabie saoudite sont prodigués par un vaste réseau national de 2 500 centres de soins primaires dans les villes aussi bien que dans les communes rurales. D'autres prestataires de soins de santé primaires en Arabie saoudite comprennent les hôpitaux universitaires, l'armée, la Garde Nationale et le secteur privé.

L'Arabie saoudite est l'une des nombreuses nations du Moyen Orient qui prennent le rôle de la médecine familiale au sérieux. La médecine familiale est considérée comme la solution garantissant une assurance santé universelle au service de tous. Cet aspect a été souligné lors de la récente conférence WONCA pour la région Méditerranée orientale qui s'est tenue en mars à Dubaï aux Emirats arabes unis.

La région Méditerranée orientale de WONCA va du Maroc à l'ouest jusqu'à l'Afghanistan à l'est. La conférence régionale a accueilli au sein de WONCA de nouvelles organisations d'Afghanistan, d'Algérie, du Koweït et du Maroc, et le Département de Médecine familiale et communautaire de l'Université de Gezira au Soudan a été accueilli comme nouveau membre universitaire. La région Méditerranée orientale de WONCA comprend également le Bahreïn, l'Egypte, l'Irak, la Jordanie, le Koweït, le Liban, le Sultanat d'Oman, le Qatar, l'Arabie saoudite, la Syrie et les Emirats arabes unis ainsi que d'autres pays de la région tels que l'Iran et la Tunisie qui ont soumis leur candidature pour adhésion à notre organisation mondiale.

Une séance spéciale tenue par les dirigeants du bureau régional Méditerranée orientale de l'Organisation mondiale de la santé (WHO EMRO), comprenant Sameen Siddiqi, Hassan Salah et Mohammad Assai, a été l'un des temps forts de la Conférence régionale Méditerranée orientale. Cette séance a mis l'accent sur les difficultés confrontant le développement de la médecine familiale dans

certaines nations de la région: manque de soutien au niveau gouvernemental, investissement inadéquat en installations et en soutien des services de santé primaires, graves pénuries de médecins de famille et auxiliaires de santé primaire.

Bien sûr, ce sont là des difficultés qui affectent de nombreux pays dans le monde.

Cependant WHO EMRO a le projet d'élargir la médecine familiale sur toutes les nations de la région, y compris celles à haut, moyen ou bas revenus ainsi que les nations touchées par des crises sévères. Grâce au soutien de WONCA, WHO EMRO collabore avec les ministres de la santé des différents pays afin de gagner le soutien politique et de renforcer la capacité en matière de médecine familiale.

Des programmes ont été établis pour introduire et augmenter la formation de médecins de famille spécialistes, et pour soutenir la formation continue de médecins généralistes sans qualifications postdoctorales. Nos collègues en médecine familiale de l'Université américaine de Beyrouth au Liban et du Koweït entre autres se sont investis auprès de WHO EMRO pour soutenir la formation de leurs collègues dans la région.

Il est impossible de visiter la région Méditerranée orientale sans prendre conscience des crises qui touchent les populations de plusieurs nations et en particulier le sort tragique des réfugiés fuyant la violence existant dans leurs pays.

Je recommande la [Déclaration d'Istanbul](#) faite par WONCA Europe en octobre dernier, demandant que tous les réfugiés aient accès aux services de soins de santé équitables, abordables et de qualité.

Les groupes mondiaux d'intérêts spéciaux de WONCA agissent également dans ce domaine, y compris notre groupe d'intérêt sur la santé des migrants, la santé internationale et la médecine du voyage, dirigé par Maria van den Muijsenbergh des Pays-Bas; et notre groupe d'intérêt sur la médecine en situation de conflit ou de catastrophe dirigé par le professeur Rich Withnall du Royaume Uni.

Plusieurs de nos organisations membres ont produit des ressources visant à soutenir les médecins de famille exerçant auprès de populations émigrées ou réfugiées, et de demandeurs d'asile. [Le guide ci-dessous](#) produit par le Royal Australian College of General Practitioners en fait partie.

Nous jugeons de la nature d'une communauté par la manière dont celle-ci traite ses membres les plus vulnérables et les plus marginalisés. Nous sommes jugés en tant que communauté mondiale par la façon dont nous répondons aux crises de réfugiés à travers le monde. En qualité de médecins de famille, notre rôle est de garantir des services de santé pour tous dans nos communautés locales. Ensemble, notre voix collective permet de promouvoir et de garantir l'accès de tous aux services de santé.

Michael Kidd

President

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Accréditation NAATI No 75800

Policy Bite: can you measure quality?

with Amanda Howe, WONCA President Elect

I was invited to a policy summit in Washington last month. Hosted by the Robert Graham Centre(1), and attended by many family medicine leads from the U.S.A., its declared purpose was to look at how changes in the payment structures for health care in the U.S.A. may, or may not, incentivise the 'triple aim' of first contact, coordinated, continuous,



comprehensive primary care (2). The challenge was clear – the huge population of the U.S.A., still not achieving universal health coverage, and with a dazzling array of different providers and choice of health care packages. The question to me as a U.K. academic family physician was “Did pay for performance work in U.K.?” – or “Did the Quality Outcomes Framework initiative raise quality of care?” – and which aspects if any should the U.S. consider adopting? My conclusions are summarised here.

As background, U.K. family doctors (still known as GPs) are self-employed, but contracted to the National Health Service. Their clinic income from 2004 has included the opportunity to earn payments for quality of care – by systematically including clinical activities which research has identified as likely to prevent or minimise illness and its impacts. This initiative – known as the Quality Outcomes Framework - aimed to drive up overall quality of care, and to improve population health outcomes.

Did it work? Many primary care teams reached the 90% targets in the first year, suggesting that quality of care was already high. Up to 25% of income could come from such activities, but much of this was reinvested into additional staff and the costs of equipment and technology which was needed to fulfil both additional clinical and administrative commitments. Increased investment in computers for electronic records was needed to underpin patient recall, result recording, and audit reports to secure the payments. Incentivised areas showed a rise in relevant clinical activity, but non-incentivised areas did not – though they did not deteriorate either. The range of practice performance appeared to narrow, which suggests overall quality rose: but those practices with more needy populations found it harder to meet the targets, both because of greater workload and greater morbidity. Overall, the interventions chosen were more individual than population level, and did not substantially address or impact on overall health inequalities.

Family doctors were initially generally enthusiastic about being reimbursed for quality, and for improving evidence based practice. However, indicators became

increasingly politically driven, and the scheme gradually lost credibility, with accusations of a 'tick box culture' and de-professionalisation. Concern mounted about the distorting effects on clinical practice, and pleas were made for more global indicators that might reflect overall patient care - rather than single activities such as taking a blood pressure reading. This is particularly true of the elderly and others with complex co-morbidities, where repeated appointments for different diseases risks inefficiency and fragmentation of care.

So, what did I say to colleagues in the U.S.A.? I supported payment for quality, but suggested a less complex set of indicators. I would recommend more incentives relating to community level interventions, in order to engage family doctors in population level activities (as occurs in Uruguay, where FDs get a day a week to support community and locality health initiatives). Incentives for meeting population need and support for working with more vulnerable and complex patients would also help to address health inequalities. And the model will only really work where all patients have a primary care team who will take responsibility for this proactive approach. If there are patients who do not have a regular doctor, or who are not covered for this type of care, then the quality of care will only be patchy. And that is a challenge for most health systems.

1. <http://www.graham-center.org/rgc/home.html>

2. Berwick DM, Nolan TW, Whittington J. The Triple Aim: Care, health, and cost. *Health Affairs*. 2008 May/June;27(3):759-769.

Fragmentos de política: ¿Podemos medir la calidad?

con Amanda Howe, *Presidente electa de WONCA*

El mes pasado me invitaron a una cumbre sobre política en Washington. Organizada por parte del Robert Graham Centre, y con la asistencia de muchos médicos de familia líderes de los Estados Unidos, el objetivo que perseguía la cumbre era el de estudiar hasta qué punto los cambios en las estructuras de pago de la asistencia sanitaria en los Estados Unidos incentivan o no el "triple objetivo" de la

Atención Primaria de contacto personalizado, coordinado, continuado y atención completa. El desafío al cual enfrentarse estaba claro – la gran población de los Estados Unidos, aún sin cobertura universal de salud, y con una deslumbrante variedad de proveedores y elección de seguros y paquetes sanitarios. La duda que me asaltaba a mi como médica de familia del Reino Unido era "¿Ha funcionado el pagar por asistencia en el Reino Unido?" – o "¿Los Beneficios por Calidad en el Marco de

Trabajo (Quality and Outcomes Framework, QOF) han aumentado la calidad de la asistencia?" – y qué aspectos deberían considerar adoptar los Estados Unidos, si es que existen? He resumido mis conclusiones aquí.

Como historial, los médicos de familia del Reino Unido (todavía conocidos como médicos de cabecera) son autónomos, pero contratados por el Sistema Nacional de Salud (National Health Service, NHS). Sus condiciones salariales incluyen desde 2004 la posibilidad de ganar un plus por la calidad de la asistencia – incluyendo de forma sistemática actividades clínicas cuya investigación se considera que podrá prevenir o minimizar las enfermedades y su impacto. Esta iniciativa – conocida como el Marco de Trabajo de los Incentivos por Calidad – se puso en marcha con la voluntad de aumentar la calidad de la asistencia, y para mejorar los beneficios sobre la salud en la población.

¿Funcionó? Un buen número de equipos de Atención Primaria consiguieron el 90% de los objetivos el primer año, evidenciando que la calidad de la asistencia ya era alta. Hasta un 25% de los ingresos pudo llegar como resultado de este tipo de actividades, pero gran parte de los mismos se reinvertió en contratar a personal adicional y en los costes del equipamiento y en la tecnología necesarios para lograr tanto los compromisos clínicos como los administrativos. El aumento de la inversión en los ordenadores para los registros electrónicos era necesario para apuntalar el historial del paciente, resultado del hecho de registrar y auditar los informes para controlar los pagos. Las áreas incentivadas mostraron un crecimiento relevante en la actividad clínica. Aunque las áreas que no recibieron incentivos no mostraran ningún incremento significativo tampoco empeoraron. La oscilación en el cumplimiento del ensayo pareció reducirse, lo que significa que en el global la calidad aumentó: pero aquellos ensayos que se hicieron con población más necesitada encontraron más dificultades para conseguir los objetivos, tanto a causa del volumen de trabajo ya soportado como por la mayor morbilidad. En general, las intervenciones elegidas fueron más individuales que el nivel

de población, y no se dirigieron o tuvieron efecto en desigualdades en salud.

Los médicos de familia en un primer momento mostraron su entusiasmo por el hecho de recibir incentivos económicos por calidad, y para mejorar la evidencia basada en la práctica. A pesar de ello, los indicadores han sido cada vez más controlados políticamente, y el proyecto perdió credibilidad gradualmente, con acusaciones de "cultura de casilla" y de desprofesionalización. La preocupación acerca de los efectos distorsionadores en la Práctica Clínica aumentó, y se solicitaron más indicadores globales que reflejaran la totalidad de la atención al paciente – en contraste con las actividades individuales como la toma de la presión arterial. Es cierto que particularmente los mayores y otros colectivos con compleja morbilidad, en cuando necesitan asistencia repetidamente a causa de diferentes enfermedades corren el riesgo de que recibir una asistencia ineficiente y fragmentada.

Así que, en resumen, ¿qué les dije a los colegas de Estados Unidos? Defendí el pago por calidad, pero sugerí un conjunto más simple de indicadores. Recomendaría más iniciativas relacionadas con intervenciones en un nivel comunitario, con el fin de comprometer a los médicos de familia en las actividades de la población (tal y como ocurre en Uruguay, donde los bomberos apoyan a la comunidad y a las iniciativas locales). Los incentivos para identificar las necesidades de la población y para apoyar el trabajo con pacientes más vulnerables y complejos también ayudará a reconducir las desigualdades en salud. Y el modelo solamente funcionará en cuando los pacientes tengan un equipo de Atención Primaria que se haga responsable de un enfoque proactivo. Si hay pacientes que no tienen un médico regular, o que no sienten que necesiten este tipo de asistencia, entonces la calidad de la asistencia solamente será un parche. Y esto significa un reto para la mayoría de sistemas de salud.

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

From the CEO: new website, Rio and more

Hello again from the WONCA Secretariat. This month I want to report back on a really productive Conference Planning Committee meeting which we held in Rio de Janeiro last month, and also to report on two fantastic events in Costa Rica – the Cumbre, or health summit, on 12th and 13th April and the first-ever Meso (central) American conference from 14th to 16th April. I want to start, though, by highlighting some changes that we have made to the WONCA website.

WONCA website

You may well have noticed that this month we launched an upgrade of our website. The look is subtly different but we hope you agree that it is an improvement - with extra tabs on the homepage to help you find the things you are most looking for. One significant change is that we have gone "mobile friendly", so for all of those who access our site from their mobile device, we hope to give you a better browsing experience. Added to that, the changes should improve people's ability to find our WONCA site if they Google relevant topics.

The membership pages have had a significant revamp and this includes online shopping at the "WONCA shop" and the much requested ability for individual doctors join as a Direct Member or renew the Direct Membership online. We've put a lot of work – in the background – into this over the last six months and we hope very much that you like the improvements. It is very difficult to check every page on a site as big as ours so if you find a significant issue on the new site, please e-mail , Dr Karen Flegg, the WONCA Editor editor@wonca.net

Conference Planning Committee

This latest – and last –CPC meeting took place on 8th and 9th April. On the first day we met at Hotel Windsor in Barra di Tijuca, which is the venue for the World Council, whilst on the second day we moved on to RioCentro, the venue for the conference itself.

Since our last meeting in July 2015 the Host Organizing Committee has made major progress. The Scientific Committee had over 3,000 abstracts to process, but has done a fantastic job and they have come up with a really vibrant and exciting schedule of events. By the time you read this I hope that all successful presenters will have been notified,

so many congratulations to them, and commiserations to the unsuccessful group, but the standard really was incredibly high and sadly, as ever, not all could be accepted.

Registration numbers are climbing, and the HOC is on target for the biggest WONCA conference ever. The venue is great – definitely one of the easier conference venues to find your way around – and a very lively social programme is taking shape, featuring especially Brazilian and south American music and dance. You have been warned! The conference venue is very close to the Olympic village, and those hotels already available on site will be joined by a few more in the coming weeks. However the organizers have also listed several hotels at the beach, some 11 or 12 km away, and shuttle buses will provide daily transfers to and from the conference venue.

As ever, fuller details of the conference itself, and of hotels and other accommodation, can be found on the conference website –

Zika Virus

Of course during our CPC meeting we were keen to get an up-to-date report on the Zika virus and its effect in Brazil. The Zika virus is endemic in Brazil and in many other South American countries, and recent news reports have led to some concerns among potential delegates to the forthcoming WONCA World Conference in Rio. This advice is based on feedback from the HOC and on the recommendations as provided by the World Health Organization (WHO).

Rio has experienced some cases of Zika, but the majority of cases have been in the north east of the country. By and large Zika is a mild illness, causing few symptoms, and some patients have been entirely asymptomatic, with their infection only diagnosed by serology. WHO advises that, based on available evidence, there are no general restrictions on travel or trade with countries, areas and/or territories with Zika virus transmission.

However pregnant women are advised not to travel to areas of on-going Zika virus outbreaks. Zika virus is spread by mosquitoes, and not by person-to-person contact, though a small number of cases of sexual transmission have been documented.

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](#).

Cumbre and MesoAmerican Conference

From Brazil I travelled on to San Jose, the capital of Costa Rica, to take part in the latest Cumbre, or health summit, on 12th and 13th April. In San Jose I joined Michael Kidd and Amanda Howe, and also Inez Padula, WONCA's President for the Iberoamericana Region. The two-day meeting attracted many high profile participants, including Dr Fernando Llorca Castro, Minister of Health for Costa Rica, Dr Fernando Menezes, Chief of Human Resources for Health at PAHO Headquarters in Washington and Doctors Lilian Reneau-Vernon and Mario Cruz Penate, from the local Pan American Health Organization (PAHO) office (WHO for the Americas).

The Cumbre was followed by the first ever Meso-American family medicine conference organized by WONCA, and it was a huge success, attracting delegates from all the countries of central America, and many from South America and other countries too. It was especially nice to welcome a delegation from Nicaragua. This country was previously a WONCA member, but events in the country had rendered the association non-viable. However a committed bunch of family doctors are trying to resuscitate the society, and we

were delighted to meet with them and offer support in their journey. We also met with a delegation from Honduras, led by a dynamic young leader, Dr Alexander Paz. They too are trying to put family medicine on the map, and hope in due course to apply to join WONCA, but in the meantime we were thrilled to welcome Alex to WONCA as a Direct Member, thus adding yet another country where WONCA is represented.

Very many thanks to Dr Thomas Meona Martin and his great team from Costa Rica, and to our colleagues in the WONCA Iberoamericana-CIMF region, who so wonderfully put both events together and ensured a great attendance and a great time for all. Next year's Iberoamericana conference will be in Peru, and whilst the location for the 2018 Cumbre has not yet been determined I'm sure it will yet again be a fascinating and lovely event.

Forthcoming Events

Next month I'll report on World Health Assembly, held in Geneva from 23rd to 27th May, and also to highlight at least some of the activities that our Member Organizations undertook to celebrate World Family Doctor Day (FDD) on 19th May. Best wishes until then.

Garth Manning



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WONCA announces 2016 global five star doctor award to Atai Omoruto



The winner of the WONCA Global Five Star Doctor Award for 2016 is Dr Atai Anne Deborah Omoruto from Uganda, known to all as Atai.

I am sad to advise that Atai passed away in

Kampala on May 5, 2016 after a short illness. For this reason, we have brought forward the announcement of our Five Star Family Doctor Award for 2016.

The Five Star Doctor Award is WONCA's award of Excellence in Health Care by a family doctor. The Five Star Doctor must demonstrate excellence as a care provider, decision maker, communicator, community leader and team member.

Once a year, each of WONCA's seven regions is invited to award a Regional Five Star Doctor Award to one family doctor in their region. Each three years, the winners from each region compete for the title of WONCA's Global Five Star Doctor, which is announced at our WONCA World Conference to recognize the family doctor who is judged to have made the greatest contribution to health care in the world over the past three years.

Our 2016 Global Five Star Doctor Award to Atai has been made in recognition of her extraordinary service as a family medicine leader over many years, her service to the people of Uganda, and her recent extraordinary leadership tackling the Ebola crisis in West Africa.

I first met Atai in 2007 at a Network Towards Unity for Health conference, which was held in Uganda. At the time our president-elect, Amanda Howe, was chair of WONCA's working party on women in family medicine,

and Amanda shared with me Atai's contact details, and Atai and I arranged to meet in Kampala.

Atai took me to visit the Department of Family Medicine at the University of Makerere in Kampala, where she served as department head from 2003-2012. Her university Department of Family Medicine was housed in a building called "*The Hippo House*", so named because in the past the building had actually housed a hippopotamus that was used for physiology experiments. Atai and her family medicine education and research team were occupying the former living quarters of a hippopotamus, with a deep concrete pit in the middle of the room where the hippo had lived. Atai also showed me the training facilities for medical students at the university, took me through the main hospital primary care clinic, and to her own private clinic in central Kampala where she provided care after hours to some of the poorest people in that city, including providing a space where women could deliver their babies safely under her supervision. Atai also introduced me to some of her children, some her biological children, and some adopted children including some who had lost their parents to HIV/AIDS.

Atai has been involved with WONCA over many years. She was the first President of the Association of Family Physicians of Uganda and brought the association into WONCA as a member organisation. She was a foundation member of the East African Association of Family Physicians and supported the development of family medicine in Tanzania and Rwanda. She has been a strong voice for family medicine in Africa as a member of our WONCA Africa Regional Council and as a member of our global Working Party on Women and Family Medicine. She has been a much loved and respected member of our WONCA family, known for her selflessness, her words of wisdom and her sense of humor.

In July of 2014, when West Africa was in the midst of the Ebola epidemic, Atai travelled to Liberia as the leader of a medical unit of 12 health workers brought from Uganda by the World Health Organisation to fight the Ebola outbreak. Uganda had experienced a number of outbreaks of Ebola in the past and, through

her experience in her own country, Atai had become one of the world's most experienced doctors in managing outbreaks of Ebola.

Travelling to Liberia was a very brave decision. Many front line doctors and nurses were among the victims of Ebola, infected while providing treatment, care and support to their patients, and this left the health services in affected countries vulnerable and unable to cope with meeting the continuing health care needs of their communities. The Ebola outbreak in West Africa had taken an unprecedented toll on health care workers, infecting more than 880 and killing more than 500.

In an interview with Liberia's Daily Observer newspaper, Atai said that on arrival in Liberia, *"what I saw was dead bodies everywhere; there were more dead bodies than patients, and nobody seemed to know what to do."*

Atai and her team got to work, setting up systems to treat those affected by Ebola and supporting the training of local health care workers. The WHO had reported that in many cases, *"medical staff had been at risk because no protective equipment was available – not even gloves and face masks, and that the compassionate instincts of those who sometimes rush to aid "visibly ill" people without pausing to protect themselves also put health workers at increased risk. Health care workers were overworked, stretched thin and exhausted"*, which risked mistakes happening in infection control. And doctors reported that working in protective suits was very challenging in the heat, especially in the absence of air conditioning. Indeed many facilities had no power or lighting at all.

Through their work, Atai and her team made a major contribution towards changing the course of this terrible epidemic. And it was not without its toll. At least two Ugandans died while assisting the people of Liberia. Atai stayed in Liberia for six months, working under very arduous conditions, and not returning home to her family in Kampala until December.

In September 2015, at a United Nations meeting in New York, I met Tolbert Nyenswah, Deputy Minister of Health in Liberia, and the head of the Liberia Incident Management System Ebola Response. He told me about the wonderful contribution Atai made in his country during the Ebola crisis, and how she was a powerful and effective advocate, visiting him many times with repeated demands for the resources and support needed to bring the epidemic under control. Atai later advised me, "I am sure he has vivid memories of me from that time some sweet, others not-so-sweet! As I sometimes say, the end justifies the means!"

Atai has since been named as one of the 11 most important contributors to tackling the Ebola crisis in Liberia. She also received the 2015 Uganda Golden Jubilee medal for her work tackling Ebola.

Liberia and the world owe a huge debt of gratitude to Atai and to the many other health workers from across Africa and across the world who came to West Africa to provide their support during this dark hour.

Atai has shown us all the extraordinary contributions that family doctors can make, at a local level, at a national level, and at a global level. I admired Atai greatly before the Ebola crisis. She is now one of my personal all time heroes of family medicine.

WONCA wanted to provide Atai with the opportunity to share her experiences with family doctors from around the world and so we invited Atai to be one of the plenary speakers at our WONCA World Conference in Rio de Janeiro in Brazil in November 2016. Sadly, this will now not happen.

Our thoughts and our prayers are with the members of Atai's family and with her many friends and colleagues around the world who loved and respected and admired her. The world has lost a global family medicine champion.

Michael Kidd

World Family Doctor Day

WONCA President's message on World Family Doctor Day

The 19th of May is World Family Doctor Day. This is a day to highlight and celebrate the role and contributions of family doctors around the world.

Since its establishment by the World Organization of Family Doctors (WONCA) in 2010, World Family Doctor Day has gained momentum each year and provides a wonderful opportunity to acknowledge the central role of family doctors in the delivery of personal, comprehensive and continuing health care for all people in every country. It is also a chance to celebrate the progress being made in recognizing the important role of family medicine in strengthening primary health care each of our countries, and the special contributions that are made by wonderful individual family doctors all around the world.

Each year many of our colleagues across the globe celebrate the day by organising special events and activities.

This year we have invited our member organizations, the colleges and academies and societies of family medicine and general practice, in each country to highlight the important role of family medicine in supporting smoking cessation.

Tobacco smoking causes serious damage to the health of many of our patients, and part of our role as family doctors is to encourage our patients who smoke to stop smoking and to provide resources and support to assist them with this decision.

As family doctors we also have a role working as advocates in our communities to support measures to reduce the health damage caused by tobacco, to support the education of young people about the dangers of smoking, and to insist that our governments ban promotion by tobacco companies. Each of us has a respected voice in our local community and a responsibility to speak out on key public health initiatives. And our member

organisations have a responsibility to support the development of local guidelines supporting tobacco cessation and to advocate with governments on the adoption of effective, evidence-based tobacco control measures

Our colleagues in the American Academy of Family Physicians have kindly allowed us all to share their excellent smoking cessation resource materials and these are available through the WONCA global family doctor [website](#).

Our partner global organization, the International Primary Care Respiratory Group has also produced a number of great resources for family doctors, including a very useful desktop resource called "Helping patients quit smoking: brief interventions for healthcare professionals". Again this is available through the WONCA global family doctor website.

I look forward to hearing about the events that are held across the world on this year's World Family Doctor Day. Already colleagues in Portugal, in the nations of the Caribbean and across the Middle East have advised me of the tobacco cessation activities they have planned for May 19.

On behalf of the World Organization of Family Doctors, I wish every family physician, every general practitioner, every primary care doctor, in every country of the world, a wonderful World Family Doctor Day. Through your daily work you make an extraordinary contribution to your nation.

Thank you for the great work you do, everyday, supporting the health and well-being of your individual patients and your community.

Michael Kidd

President

World Organization of Family Doctors

See detailed report supplement –page 30

Mensaje del Presidente de WONCA para el día del médico de familia

El próximo 19 de mayo es el Día del médico de familia. Se trata de un día para destacar y celebrar el papel y la contribución de los médicos de familia en todo el mundo.

Desde que WONCA lo estableció en 2010, el día del médico de familia ha ganado cada año más relevancia y ofrece una oportunidad para dar a conocer el rol central de los médicos de familia a la hora de ofrecer una asistencia sanitaria personalizada, completa y continuada para toda la población en cada país. También se trata de una oportunidad para celebrar el progreso que se ha hecho en el reconocimiento de la importancia de la Medicina de Familia para fortalecer la Atención Primaria en todos los países, y las contribuciones individuales que han hecho los maravillosos médicos de familia en todo el mundo.

Cada año, muchos de nuestros colegas a nivel global celebran el día organizando eventos especiales y actividades.

Este 2016 hemos invitado a nuestras organizaciones miembro, a los colegas y a las academias y sociedades de Medicina de Familia y práctica generalista en cada país para que destaquen la importancia del rol de la Medicina de Familia en la lucha contra el tabaco.

El tabaco causa serios daños en la salud de muchos de nuestros pacientes, y parte de nuestro rol como médicos de familia es animar a nuestros pacientes fumadores a que dejen el hábito y darles recursos y soporte para asistirles en la toma de esta decisión.

Como médicos de familia también tenemos un rol trabajando como abogados en nuestras comunidades para apoyar medidas que reduzcan el daño causado sobre la salud por parte del tabaco, para apoyar a la educación de la gente joven acerca de los peligros de fumar, y para insistir en el hecho que nuestros gobiernos prohíban la publicidad de las compañías de tabaco. Cada uno y cada uno de nosotros tiene una voz respetada dentro de nuestra comunidad local y una responsabilidad de hablar y difundir las iniciativas más importantes de salud pública. Y nuestras organizaciones miembro tienen también la responsabilidad de apoyar el

desarrollo de guías didácticas que apoyen el abandono del tabaco y aboguen ante los gobiernos para que adopten medidas efectivas de control basadas en la evidencia.

Nuestros colegas de la Academia Americana de Médicos de Familia nos han permitido amablemente compartir sus excelentes materiales y recursos para el abandono del tabaco y ahora se encuentran disponibles en [la página web de WONCA](#).

La organización Grupo Internacional de Respiratoria en Atención Primaria (Primary Care Respiratory Group) también ha elaborado un amplio número de buenos recursos para médicos de familia, incluyendo un recurso muy útil llamado Ayudando a los pacientes a dejar de fumar: breves intervenciones para los profesionales sanitarios (Helping patients quit smoking: brief interventions for healthcare professionals). Este recurso también puede encontrarse en la web de WONCA.

Estoy esperando recibir noticias sobre los eventos que se han organizado en todo el mundo por el día World Family Doctor Day. Los colegas de Portugal, de algunos países del Caribe y del Próximo Oriente ya me han informado acerca de las actividades relacionadas con el abandono del tabaco planeadas para el 19 de mayo.

En representación de Organización Mundial de Médicos de Familia (WONCA), deseo que todos los médicos de familia, médicos de cabecera y médicos de Atención Primaria en todos los países del mundo, tengan un fantástico Día Mundial de la Medicina de Familia. Con vuestro trabajo diario hacéis una contribución extraordinaria a vuestros países.

Gracias por el gran trabajo que hacéis, cada día, apoyando la salud y el bienestar de los pacientes y de vuestras comunidades.

Michael Kidd

Presidente

World Organization of Family Doctors (WONCA)

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

WONCA Groups

Rural Roundup:

Rabia Afridi in collaboration with Sameena Shah



Photo: the team at BHU Chak 18 - Rabia in centre with two dispensers and Peon (Polio affected) at left and midwife, LHV and Sweeper at right.

A story from Pakistan.

The Beginning: Introducing myself and CHAK 18

I work in a Basic Health Unit (BHU) in CHAK 18, situated to the East of the Changa Manga forest in the Punjab province of Pakistan since 2014. It is a small underdeveloped village of 3795 inhabitants, and is part of the regional Union Council which has a total population of 7385. The Union Council includes CHAK 15, 17 and portions of the majestic forest itself in addition to CHAK 18. It is very cold in the winter and becomes extremely hot in the summer.

Residents include farmers, livestock owners and dairy farmers amongst others. Surrounded by fields, the village center contains a few small shops, a government school, four middle level private schools, the BHU of CHAK 18 and my farmhouse. A small stream flows through the village and is used by everyone for just about everything. The men use it for bathing and cooling down, the women use it to wash clothes, the children use it to swim and play, the farmers use it to

water their crops, and the buffalos and horses use it for drinking and bathing. The major crops are wheat, maize, sugarcane, cotton and cattle fodder. Other farming activities include livestock rearing and dairy farming. The poorest weave blinds, baskets and trays from locally grown reeds.

My name is Rabia Afridi, the youngest and most pampered of my family. I was born into a Pathan family from the North West province of Pakistan, now called Khyber Pakhtunkhwa. I graduated from Khyber Medical College, Peshawar and completed my House Job in Khyber Teaching Hospital. I had always wanted to be a doctor and was looking forward to an ambitious medical career after completing my studies. In keeping with local custom, soon after graduation I was married to the son of a Punjabi landlord family, an engineer by profession. We lived in Lahore for five years, where my husband worked in his father's engineering firm and I looked after my family and four lovely daughters.

Unfortunately, after his father's death, my husband was denied his rightful position in the engineering firm that his father had worked day and night to build. Depressed and dejected, my husband decided to move to his ancestral agricultural lands in CHAK 18 and start farming. I had a hard time adjusting to this move as I had been used to a very comfortable life in the beautiful city of Lahore and felt isolated and alone. My husband drowned himself in work as he toiled day and night to develop his lands while I struggled to come to terms with the undependable electric supply, erratic internet connectivity, lack of cooking gas, the abundance of dust and armies of sticky flies!

Our farmhouse was still under construction and I could not understand the strongly accented Punjabi spoken in CHAK 18. There were times when I thought that I will lose my Urdu and Pushto and still not be able to communicate in the local Punjabi.

Eventually, the farmhouse was completed, a biogas plant was put up for cooking and solar panels were installed to overcome the problem of undependable electricity and I had

begun to make myself understood in Punjabi.

Despite these small victories I felt that I had lost everything and there was nothing more to expect in life. I was now buried in the remotest plains of Pakistan with no one to speak to in Urdu, Pushto or English, except my family. Worst of all, I believed that I would never be able to work as a doctor; that my life was destined to be a never ending battle with dust, flies, incomprehensible Punjabi and repetitive conversations about crops, harvests, tractors, manure, cattle and soil quality. I can only describe my situation at the time as the bitter gulp that could neither be swallowed nor spat out!



Allah, however, had it all planned for me. A vacancy for a medical officer opened in the BHU (pictured at right) located right in front of my house. It had been constructed in 1984 on the land donated by my husband's grandfather. I applied for the post and was so happy when I was selected and joined as medical officer in charge of the entire Union Council on 23rd September 2014. It is a three roomed building with a dispensary, a two bedded ward and a delivery room. There are 10 staff members that comprise of the doctor, dispenser, Lady Health Worker (LHV), the school health and nutrition supervisor, sanitary inspector, vaccinator, sweeper (janitor), peon (office boy), and guard. The boundary wall was breaking down, there were irregular gaping holes in place of windows, and the roof appeared to have eroded away ... but it was also my first clinic.

Everyone, including the peon, was addressed as 'doctor' by the patients. Amazingly enough, both the peon and sweeper were experts in dispensing medicines, giving injections and

managing patients' complaints. My first day at work started with the discovery of the local injection technique which was to give the injections directly through the clothes anywhere into the upper arm straight into the flesh. There was no concept of infection prevention, aseptic measures, injection site or technique. The emergency tray was in a chaotic state with only poor quality transparent plastic gloves and some rusty instruments. This was a shock as I had been trained in a high quality teaching hospital with a supply of medical equipment by highly trained foreign qualified professors and here I was in a broken building with an empty tray and plastic gloves.

As I stood there, trying to come to terms with my clinic, my first patient arrived. She was a multigravida, fully dilated and ready to deliver her fourth child. I

asked for some gloves, there were none, so with the help of my team, we gave thanks to have delivered a healthy baby girl of approximately seven pounds (3.2 kg) as there were no weighing scales. After stabilizing the patient I sat down to write my Joining Report and a list of equipment and supplies needed for my BHU in CHAK 18. It included an autoclave, oxygen cylinder, sterile gloves, and medical instruments amongst other requirements. We finished the day's work with a jointly passed resolution that all those who would come late for duty would be received by a round of applause by the entire staff. This brought my first day to an end and I went home across the road to my farmhouse with the solar panels with a mixed sensation of fulfillment, apprehension and excitement, wondering what tomorrow would bring.

Editor's note - I'm sure if you have read this far you will be eagerly awaiting a future installment from Rabia about her ongoing work.

Rural Health Stories – a Pakistan example, Dr Sanam Shah

Introduction by Mayara Floss.

How could sharing stories help medical students, patients and other professionals? Narratives could inspire medical doctors and medical students, and it does not need to be the view of a health professional, perhaps narratives by patients could also be inspiring!

The project “Rural Health Stories” creates a space to tell a story - about ways to care, or funny stories, patient experiences, doctor experiences, failures, mishaps.

According to Greenhalgh & Hurwitz (1999): “The narrative provides meaning, context, and perspective for the patient's predicament. It defines how, why, and in what way he or she is ill. The study of narrative offers a possibility of developing an understanding that cannot be arrived at by any other means.” The aim of this project is to rescue humanity in health stories and experiences using today's technology.

“Rural Health stories” is a born of a partnership of WONCA Rural South Asia (WoRSA) and the World Rural Medicine Students Network (WRMSN).

Your story should include SOAR: situation, obstacles, actions, resolution and also TLC: timing, location and character. However this is flexible in respect of different cultural stories and ways to tell stories. A story should be something remarkable that inspired you in rural medicine or family medicine, or even just a story that you think it is valuable to share. Stories could be written narratives or include video as a narrative tool

If you are interested in sharing your story more details can be found [here](#).

Dr Pratyush Kumar has informed us of a sample story has been submitted from the rural areas of Pakistan by Dr Sanam Shah. You will realise after reading this story that why there is need for accessible, affordable and quality healthcare in rural areas. She has written it so beautifully that you can almost feel and visualise the situation faced by doctor as well as the patient.

My rural health experience

Dr Sanam Shah

Current association: Associate Consultant,

Family Medicine Department, The Indus Hospital, Karachi.

Two and a half years of my residency in Family Medicine drew close and I looked forward to embark on my rural journey as part of my rural health rotation. The stark contrast in the rural urban divide in almost everything including healthcare was no surprise due to my own rural heritage. However, the healthcare experiences first hand were a real eye opener to mobilize a paradigm shift in my own perspectives. There is no one event that I could focus on right now but a composite of my entire rotation as well as other opportunities thereafter to attend to rural communities that have helped build me professionally as well as a person and contributed immensely to give due attention to this area of practice.

So I was off to a small region tucked away in a remote northern area of Chitral, the high mountains towering above circumferentially. The nearest secondary and tertiary care centers were an hour and a half drive from there provided there were no roadblocks due to landslides and inclement weather conditions. There were two doctors and a midwife attending to the local community and I was an extra pair of hands to elaborate their provision of care as well as my practice in this low resource setting. We saw the usual common ailments from communicable diseases like pneumonia, gastroenteritis, enteric fever, viral infections to the more prevalent conditions like diabetes, hypertension, asthma, COPD as well as a high burden of depression and somatoform disorders. On the other end of the spectrum were emergencies that we had to manage as well as we could despite lack of basic medical facilities sometimes.

It brings to memory a young boy accompanied by his male relatives, in a state of severe dehydration and decreased consciousness. He was diagnosed type 1 diabetes mellitus and was on insulin later found be expired. Lack of insulin at our own facility drove us in frantic efforts to resuscitate him with IV fluids and empiric antibiotic followed by transfer to the closest well equipped centre more than an hour away compounded by the dangers of night time travel in the difficult terrain.

Communication with the rest of the world was limited to an hour a day of net connectivity, sometimes none and intermittent access to wireless phones which was a problem if specialist colleagues had to be approached for any queries. However, they were quite eager to help us there sharing the latest evidence from infective endocarditis to severe pregnancy induced hypertension, when hydralazine was the only drug available and we were looking up whatever limited literature to decide between IV infusion and bolus therapies.



Insight into local cultural practices was equally important. Losing a patient to “kala pathar” poisoning, a common component mixed with henna for hair dye, that too cheap and easily available, underscored the importance of community education for such problems. Another common practice was the high intake

of salty tea as well as butter tea and its association with cardiovascular diseases.

The situation in the rural South is not much different. The lack of sufficient primary and preventive health services has translated into a high burden of preventable diseases. The lack of good specialists in the area has also compounded the problem. The appeals of a mother of a child with cerebral palsy from birth asphyxia to prescribe something to cure him, to a young lady, unaccompanied, who went into a seizure episode when no sedative was available in the clinic and the presence of inexperienced staff to provide first aid, all highlight lack of empowerment of the local populace and general medical unawareness.

Basic understanding of the local area language was imperative and from the limited basic exchanges it was almost clear that the rural population has strong faith despite adversity. The ruggedness of their local areas and resilience in the face of inaccessibility is reflected in their enduring interiors.

Rural health is certainly on the list of priority areas for my attention and I hope this small piece as well as more upcoming stories could empower us to motivate others to look beyond the challenges and serve the communities there.

Last but not the least, the opportunity to explore the untouched beauty nature has to offer from the roof of the world surrounded by snow capped peaks to basking in the pure surroundings of the agrarian regions, one can certainly make a lasting connection with this area of practice.

WONCA Mental Health Consultancy in Moldova

Members of the WONCA Working Party on Mental Health are participating in a major policy initiative to help Moldova move from institutional to community-based mental health care. In collaboration with the European Association for Communication in Healthcare (EACH) and NIVEL in the Netherlands, and with coordination from Trimbos, we are running a series of 'train the trainer' courses. The objective is to equip more than 1000 Moldovan GPs and nurses with essential skills in primary mental health care. Our educational intervention is a key element of a fundamental health care reform programme in Moldova, one of the most economically challenged

countries in Europe. The reform programme also involves legislative changes and revisions to the ways in which psychiatric services are delivered - and will also need radical restructuring of pay and conditions for community-based health professionals.

We delivered the first of three training modules at the end of April in Chisinau, the capital of Moldova. There were 20 Moldovan health professionals on the course, a combination of family doctors, nurses and psychiatrists. These are the people who will go on to train primary care teams across Moldova. Evelyn van Weel-Baumgarten led three initial days on communication skills, on

behalf of EACH, and then joined me and Dr Sue Martin for two days training on primary mental health care. Under Evelyn's guidance they melded into an effective and cooperative group and by the time Sue and I arrived they were enthusiastic to participate in our module. We covered mental health in context, principles of primary care mental health assessment, risk management (with focus on suicide), assessment of depression and anxiety disorders, and self-help strategies. Immediate group feedback was very positive.

The second module will take place in Utrecht, Netherlands, at the end of May. This will be led by WONCA members Henk Parmentier and Christos Lionis with help from Evelyn and Andre Tylee. It will focus on



psychological and pharmacological interventions in primary care, and will give participants opportunity to visit local community mental health and primary care facilities. The third module, due to be held in Bucharest at the end of July, will be led by myself, Henk and Christos. We plan to cover multi-morbidity and medically unexplained symptoms, the primary care of psychosis and dementia, and an introduction to common mental health problems in children.

We consider this to be a very positive start to WONCA's Primary Mental Health Care Consultancy work. If you would like to know more about it, please contact Christopher Dowrick on mhconsult@wonca.net

Prof Christopher Dowrick

[Find out more about our consultancies & experts](#)

Member Organization news

Taiwan Association celebrates 30 years with a declaration

Greetings from Taipei!

On this past Sunday, May 15th, we celebrated the 2016 World Family Doctor Day as previous years.

I would also like to take this opportunity to inform you that we are welcoming the 30th Anniversary of our Association (the Chinese Taipei Association of Family Medicine) in July this year. Formed in 1986, we have successfully evolved into a mature discipline and become one of the largest academic medical societies in Taiwan.

We will hold the Anniversary Function on July 9-10, and have Professor Amanda Howe, WONCA President elect, committed to be our honourable guest.

We have released the 2016 Taiwan Declaration of Family Medicine to be issued during our Anniversary.

The **TAIWAN** Action Plan to be announced in the Declaration is as follows:

T: Developing a uniquely Taiwanese family physicians system fully capable of delivering quality person-centered, family-based, and community-oriented healthcare services;

A: Enhancing **A**ccountability of care and empowering citizens to enhance self-care;

I: Providing **I**ntegrated people-centered health services and enforcing bi-directional referral to ensure coordination and continuity between the three tiers of health care;

W: Providing family physicians with payment incentives to support reasonable increase in national health expenditure, thereby building up a **W**orld leading model of sustainability;

A: Upgrading the ability of family physicians in providing preventive health care to reinforce **A**ssurance of quality care;

N: Constructing **N**etworks of community health support by recruiting and training volunteers for health education, and self-care.

Dr Steve Shih-Tzu

AAFP supports WONCA Europe Istanbul Statement

The President of the American Academy of Family Physicians writes to Professor Michael Kidd, WONCA President, and Professor Job FM Metsemakers, President, WONCA Europe

Dear Professors Kidd and Metsemakers,

On behalf of the American Academy of Family Physicians (AAFP), we wish to offer this statement in support of the [WONCA Europe 2015 Istanbul Statement](#):

American Academy of Family Physicians - Statement of Support

The refugee crisis in Europe and in other parts of the world is a devastating development for the social infrastructure and health care systems called upon to care for those fleeing instability and violence.

As acknowledged in the World Organization of Family Doctors (WONCA) Europe 2015 Istanbul Statement, which was developed and adopted by family doctors and their member organizations across Europe, the current refugee crisis is the biggest humanitarian emergency of the continent since the World War II. It overwhelms the public health framework and primary health care workforce of the countries directly or indirectly involved in relocation and resettlement of growing number of unplanned refugees from war-torn regions.

The AAFP recognizes the gravity of the current refugee crisis, which is rising to the level of a global public health emergency that transcends borders, potentially impacting countries that are not yet affected.

The AAFP expresses its absolute support of the WONCA Europe 2015 Istanbul Statement. No words of recognition would be enough to express our appreciation and pride for the work of our colleagues in European countries, as well as those in Lebanon, Jordan and Iraq, who are doing their best to provide integrated and comprehensive health care to an increasingly enlarging number of refugee and migrant arrivals.

Close collaboration between policy makers at the local, national and international levels is imperative to strengthen the family medicine,

public health, human, and institutional resources required to address the current crisis and to prevent the disastrous enlargement of this humanitarian emergency.

Along with this statement of support, the AAFP reaffirms its ongoing commitment to working with community and migrant health centers in the United States. The AAFP supports efforts to increase the number and improve the preparation of family physicians for practice in underserved communities, and urges each and every one of its members to become involved personally in improving the health of people who are challenged by economic or social inequality.

The AAFP strongly believes that medical schools, residency programs and continuing professional development programs should enhance their training around social determinants of health, cross-cultural medicine, and the special health needs of refugee and immigrant populations including, but not limited to, members of at-risk populations such as orphans and underage-unaccompanied migrants.

In order to demonstrate the AAFP's commitment to the health and concerns of refugees and immigrants worldwide, The AAFP Center for Global Health Initiatives (CGHI) will assist in the AAFP in disseminating the WONCA Europe 2015 Istanbul Statement to all of its appropriate entities including the AAFP Board of Directors, AAFP member commissions, AAFP chapter executives, educational and training event planners, and other U.S. family medicine organizations such as the: Society of Teachers of Family Medicine, Association of Departments of Family Medicine, Association of Family Medicine Residency Directors, American Board of Family Medicine, and AAFP Foundation.

Sincerely,

Wanda Filer, MD, MBA, FFAFP

President

Report from EURACT -a visit to Ukraine

Dr Jo Buchanan,
president of
EURACT reports - a
visit to Ukraine

*The European
Academy of
Teachers in General
Practice and Family
Medicine (EURACT)*

is a WONCA Europe network. For more
information on their activities see [website](#)



Following the council meeting in Budapest meeting I travelled to Uzghorod in the Ukraine with Pavlo Kolesnyk, at the invitation of Professor Ivan Chohey where I spoke at a national Conference of Family Doctors on the development of Family medicine in Europe. I was able to spend a day prior to the conference visiting locally family practices with Pavlo and I attended a CME course, which Pavlo was delivering on the management of chronic pain. I spoke to the 60 GPs at this course about General Practice in the UK. At the end of my talk one of the participants said 'I wish we could swap our problems for yours'. As I found out more about the Ukraine I completely understood this comment.

Ukraine is a country with serious economic problems and a limited health service and no health insurance. Visits to GPs are free but

medication and investigations have to be paid for. Provision of secondary care is patchy and care for a limited range of conditions such as Diabetes, TB and HIV are provided free of charge through vertical programmes, with the inevitable problems that that causes.

There is a problem with vaccine supply throughout the country and the clinics I visited had had no vaccinations for several months. Last year there were two cases of polio in Ukraine and multiple drug resistant TB is common.

GPs in the Ukraine are paid 60 Euros per month, this forces GPs to take other work to survive. Understandably medical migration is a significant problem.

Pavlo has formed a charity with friends in the USA and Netherlands to help develop GP centres in Uzghorod and his well equipped and attractive clinic had clearly benefitted from this, he was being creative in the way he delivered care to patients and was able to offer point of care lab tests for a range of investigations at much lower cost to the patient than going to the laboratory.

I was made extremely welcome in Uzghorod and was humbled by the way in which people were endeavouring to improve the care offered to patients in very difficult circumstances.

Sri Lanka award to family physician inventor

News from the College of General Practitioners of Sri Lanka

Dr Sanath Hettige MBBS,DFM,MD (Family Med) is a Council member College of General Practitioners of Sri Lanka (CGPSL) and chair of the Board of Study in Family Medicine, Post Graduate Institute of Medicine, Colombo.

He has won the first prize for the best medical invention (2013), for his invention of papaya leaf syrup, tablets and capsules for the treatment of dengue fever and other medical conditions. The award was made at the presidential awards ceremony held on 5th February 2016.

Photo courtesy of the presidential media unit

This is the presidential award for the best inventor in the country in the field of medicine.

The inventor is selected by a panel of experts in the field of medicine and other relevant scientific fields.

r Hettige was awarded the first place gold award and also a cash prize of hundred thousand rupees. They also gave him the best inventor logo, which he can put in his letterhead and also business card. This emblem gives him special privileges at government institutions.

This is not a research award. Usually these awards are won by scientists and mechanical engineers to best of my knowledge he is only the second medical doctor to have won the first place gold award. No general practitioner has won this award before.

When selecting him for this award they looked at two things: firstly that he has obtained the patent for medicinal use of papaya leaf in 2013 (he is the only person in the world to get this patent for this plant leaf). He published about the efficacy of the papaya leaf first before anyone else in the world and it was published in the Sri Lankan Family Physician. Secondly they were looking at the fact that the world is using this medicine for dengue fever including in Malaysia, India and Pakistan with the approval of the health authorities. They were also appreciative of the fact that this is the only clinically proven medicine for dengue fever with more than twenty published research articles including three randomized control clinical trials proving its efficacy - millions of people worldwide benefit from it.

The evaluation committee also considered the fact that when commercializing this product there would be a potential export market and could bring foreign revenue to the country.

This is an exceptional award because his finding is and will benefit millions of dengue fever patients worldwide.



Featured Doctor

A/Prof Pavlo KOLESNYK -Ukraine : family doctor

What work do you do?

I started my practice as a Family Doctor (FD) and a Family Doctors' trainer over 18 years ago participating in the organization and development of the regional health care based on family medicine and FD's training. In my daily activities I usually combine my academic work as an Associate Professor of the Family Medicine Department of Postgraduate Faculty of Uzhgorod National University (Ukraine) and my FD's practice at the municipal family medicine clinic.



From the very beginning of my work at the only family medicine clinic in my town, I started promoting the philosophy of family medicine among professionals and the local citizens. Our family medicine clinic is one of the first in the Trans-Carpathian region that is

actively promoting the values of family medicine. Due to our efforts, family medicine is getting more and more popular among both the general population and medical trainees. The positive results gained by family medicine in the city was mainly due to the very successful and busy out-patient clinic staff. The clinic where I have been working during recent years is staffed by 10 talented family doctors including 2-3 residents (interns), who are practicing family medicine, and 12 nurses who provide medical care to more than 15,000 patients. We have been trying to promote our clinic's experience offering it as a successful model for a newly organized system of primary care based on family medicine throughout Trans-Carpathian region.

The other very important stage of my life started in 2013 when the Postgraduate Faculty of Uzhgorod National University organized the Training Center of Family Medicine based on the municipal family medicine clinic where I worked. I was allocated a Head of the Training Center for

family medicine residents and doctors attending the retraining courses. Annually, over 20 residents and over 50 doctors attending retraining courses spend three weeks training at this family medicine clinic. I consider our greatest achievement is that we have managed to improve the training of the doctors in primary care by having developed a high quality training programme. Additional to the above activities, I continue working as a family medicine mentor-trainer at the city family medicine clinic.

As a recognition of my achievements in the development of family medicine in Ukraine, I have been twice awarded the scholarship of the Oregon Academy of Family Medicine (USA), Montegut Scholarship Wonca Europe, grants of Austrian American Foundation for Internship at Salzburg Seminars in Family medicine (open Medical Institute). Furthermore, I am often invited to speak on the family medicine development and training doctors in Family Medicine before my colleagues not only in Ukraine but also in European countries (Slovak Republic, 2014), Asian countries (III National Uzbekistan Republic Congress, 2016).

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

To begin with, family medicine in Ukraine has a very short history. Nevertheless, since the year 2000, more than 5000 family medicine clinics have been organized all over the country, especially in rural areas. Unfortunately, many of them are 're-named' clinics and rural hospitals with poor equipment. Over 33% of them use old buildings that are often more than 50 years old. Only 35% of the rural family medicine clinics are appropriately equipped. Quite a few



practices have been equipped by the regional government from the local budget, but most of them do not have such equipment, and it is a duty of the FD to purchase equipment for their clinics. The expenses are traditionally made from the FD's individual salary (the average monthly salary of a FD is about €80)

The legislative framework for the development of family medicine in Ukraine was founded in 1999 – 2000. According to the Ukrainian legislation, a FD in towns has to provide medical care to 1500 citizens and in the villages to 1200 citizens of any age. To date, more than 7000 FDs have been trained in the country. However, the deficit in FDs in Ukraine is still over 13,400. Currently, more than 6000 FDs are of retirement age. It is estimated that 50% of the trained FDs leave the service every year, often pursuing careers in more lucrative work such as the pharmaceutical industry, other specialties or as FDs in the other countries as Slovakian Republic, Poland, Czech Republic etc.



The economic support of the primary health care system by the state remains inadequate. The state spends only 5–7% of the whole health care budget for PHC, which is lower than the targeted 30%. FDs remain the lowest paid specialty in the Ukrainian health care system.

Sometimes, FDs have problems providing certain services because there is competition with other

specialists. For example, health care of children of pre-school and school age is often provided by paediatricians, especially in the cities. In addition, there are many surgeons and gynaecologists in Ukraine competing with the FD to provide minor surgery and obstetric and gynaecological care.

Other interesting things you have done?

Another part of my activities is connected with scientific research. I am honored to have one article published in *European Journal of General Practice* [Pavlo Kolesnyk & Igor Švab (2013) Development of family medicine in Ukraine// *European Journal of General Practice*, 19:4, 261-265
<http://www.tandfonline.com/loi/igen20>.]

All in all during the 18 years of my career I have published more than 130 articles, brochures and books and several items have been incorporated in the routine work of FDs of the region. My recently published booklets on the management of diabetes, asthma and hypertension in primary medical care became a pocket reference formulary of drugs and guidelines for the FDs. My most popular achievement was a medical record form for children that is widely used not only in the training of the residents but also in the routine work of the local doctors throughout Ukraine.

My second sphere of interest is connected with evidence studies of preventing and screening of the main diseases of Ukrainian population. The goal of these studies is to outline the ways to overcome the crisis of Family Medicine in Ukraine.

Third, I have been a supervisor for over 15 research projects of young medical specialists.

My wife and I being supported by Dutch partners became the founders of the Charity Foundation 'Family' that was launched in 2005 (<http://cffamilyen.wordpress.com>).

In 2011 I was elected the President of "Uzhgorod (Ukraine) - Corvallis (USA) Sister City Association". In November 2011 at our own initiative and following the previous agreement between the Sister Cities Association and our Charitable Foundation "Family" we became the donor receivers of the American humanitarian aid (cost USD112,000) that has been spread among the people of low income of Uzhgorod. Some of the equipment received from our partners

worth USD30,000 is unique and is being used for the primary medical care of our town, and will certainly help to restore the health of many patients of our clinic. In 2014 our Charity Foundation received a grant from a religious organization for eight family medicine clinics in the Uzhgorod region in the form of equipment aimed to improve family medicine development of the city.

In 2015 I was chosen as a coordinator of the Open World program of medical exchanges for women medical leaders involved in maternal and child primary care. I assisted six young women-leaders in getting a fellowship to the US. In 2015 I renewed my membership in EGPRN and became a member of EURACT and been elected as a representative of Ukraine in the Council of EURACT and EGPRN.

What are your interests outside work?

I am a father of three children. I am proud that my elder son Andriy became a student in the medical Faculty of Uzhgorod National University and follows in my footsteps and in my alma mater. My younger daughters are school students.

During my free time I enjoy gardening at my summer house in the countryside. I am fond of swimming and I like travelling very much i.e. I try to use any possibility to visit other countries and to meet different people, to get acquainted with new cultures and traditions. Due to the many grants I've received during my professional life I have had a lot of opportunities to visit different countries of Europe, Asia, US etc.

After my beloved Grandfather passed away in the age of 91 I inherited a unique old apartment in the historic center of my native town of Uzhgorod. The building was built in the late 18th - early 19th century and, of course, requires renovation. Currently no one lives in the apartment and I am responsible for repair of the "family nest" in which four generations of our family have lived. I hope that one day the renovated family house will become a pearl of the ancient center of my native town. That's my dream - hope it will come true in future.

Pavlo Kolesnyk

Email address: dr.kolesnyk@gmail.com

Website address:
<http://cffamilyen.wordpress.com>

Notices

WONCA Europe Copenhagen conference newsletter



WONCA Europe 2016

In Copenhagen in June we are delighted to present:



Katherine Rouleau, associate professor with the Department of Family and Community Medicine at the University of Toronto – giving a keynote on Inequality in health and specific patient groups

Katherine Rouleau has worked 20 years as a family physician in a Toronto inner city practice adjacent to St-Michael's Hospital. She is inspired in her academic and leadership activities by her patients facing poverty, extreme vulnerability, exclusion and isolation.

Katherine is a director of the Global Health Program at the Department of Family and Community Medicine (DFCM), University of Toronto, where she enhances the competency of Canadian family physicians in caring for vulnerable populations. Together with a nursing colleague Katherine runs a graduate course - "Family Medicine in the Global Context". One of her "high points" is hosting the two-week Toronto International Program to Strengthen Family medicine (TIPS-FM).

Family medicine leaders and champions from around the world come together to learn about robust family medicine in a Canadian context with the goal to translate and adapt to one's own setting.

During Katherine's travels to Ethiopia, Chile, Brazil, Haiti and China she witnesses firsthand the dedication of family medicine champions

to come together as a community to support the development of our discipline. A recent graduation of Ethiopia's first family physicians, the fruit of a long collaboration led by Addis Ababa University – was a successful example of an international family medicine alliance.

Katherine further directs a hub of collaboration to advance family medicine globally. Under the wings of the College of Family Physicians of Canada - the newly created Besroure Centre is leveraging family medicine expertise from WONCA and the World Bank to develop concrete tools and strategies to advance robust family medicine and primary care as a privileged pathway towards global health equity.

You can experience Katherine Rouleau in a shared keynote session with Bernadette Kumar from Norway on Saturday 18 June at WONCA Europe 2016 in Copenhagen.

The WONCA Europe 2016 organizing committee and Danish Red Cross will cooperate to give you the opportunity to meet colleagues and friends, get your daily exercise and have fun – sign up for WONCA-RUN 2016.

[See the entire - preliminary - program at our website.](#)

We are looking very much forward to seeing you all in Copenhagen in June :-)

Peter Vedsted

Professor

President of Scientific Committee

Roar Maagaard

GP & Associate Professor

President of Host Organising Committee

Global “One Health Day” – November 3, 2016

Three leading international One Health groups, the One Health Commission, One Health Initiative Autonomous pro bono Team, and the Health Platform Foundation are partnering to create a global “One Health Day”.

On November 3, individuals and groups from around the world, from academic to corporate & non-profit, students to established professionals, will have the opportunity to implement One Health projects and special events under the auspices of “One Health Day.” Projects will highlight the benefits of a One Health transdisciplinary approach towards solving today’s critical global-planetary health challenges. “It is anticipated that emerging projects will focus on many of the arenas under the One Health umbrella including worldwide public health issues such as emerging/reemerging zoonotic infectious diseases, comparative medicine research including cancer, heart disease, orthopedic diseases and the inextricable interactions between animal, environmental and human health”, said Dr. Cheryl Stroud, Executive Director of the One Health Commission, veterinary scientist and One Health leader.

One Health is a movement to forge co-equal, all-inclusive collaborations, in both research and applied sciences, between human and veterinary medical healthcare providers, social scientists, dentists, nurses, agriculturalists and food producers, wildlife and environmental health specialists and many other related disciplines. As early as 2010 the World Bank recognized and published documentary evidence supporting benefits of a One Health approach in disease prevention, public health and global security.

“Many prominent scientists, physicians, veterinarians and other significant health professionals are endorsing the One Health concept”, said Dr. Laura Kahn, Co-Founder of the One Health Initiative Autonomous pro bono Team, physician and internationally published One Health author/leader. “The One Health approach is being increasingly accepted by numerous major international health oriented

organizations such as the World Health Organization, the World Medical Association, the World Veterinary Association, the Food and Agricultural Organization of the United Nations, the World Organization for Animal Health, and many others. An outstanding group of One Health textbooks and international professional One Health journals have emerged”, says Kahn.

The One Health concept is a worldwide strategy for planetary health. It will support the United Nations Sustainable Development Goals and the United States led Global Health Security Agenda. Transdisciplinary synergisms achieved will advance health for the 21st century and beyond by accelerating biomedical research on topics that fall at the interface of many disciplines, improving medical education, and clinical care. When properly implemented, One Health will help sustain biodiversity, protect the planet and save untold millions of lives in our present and future generations.

“Recent global disease events, like the outbreaks of Ebola, MERS and Zika, have underpinned the increasing impacts of zoonotic diseases on human and animal health. It has also become clear that changes in the environment, like population growth and climate change, are drivers for the emergence of such zoonoses”, said Prof. Dr. Ab Osterhaus, Chair of the One Health Platform Foundation Board, veterinarian, and leading Dutch virologist and influenza expert.

For COMPLETE information with website links see <http://goo.gl/vfMDHU> and www.onehealthday.org

Contacts: Peter Costa
pcosta@onehealthcommission.org and Chris Vanlangendonck,
c.vanlangendonck@onehealthplatform.com

WONCA CONFERENCES 2016

June 15-18, 2016 June 14-15, 2016	WONCA Europe Region conference and VdGM preconference	Copenhagen, DENMARK	www.woncaeurope2016.com
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>



2016 **WONCA**
21st WONCA
World Conference
of Family Doctors

Family Medicine
Now, more than ever!

2 - 6
November, 2016
Riocentro - Rio de Janeiro, Brazil

WONCA CONFERENCES 2017

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!
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	Save the dates!

MEMBER ORGANIZATION EVENTS

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

04 Jun **6th Hong Kong Primary Care Conference**
- 05 Jun **(HKPCC)**
2016 Wong Chuk Hang, Hong Kong

09 Jun **36 Congreso semFYC**
- 11 Jun La Coruña, Spain
2016

26 Jul **The Network: Towards Unity for Health**
- 30 Jul **conference**
2016 Shenyang, China

28 Jul **RNZCGP conference for general practice**
- 31 Jul Auckland, New Zealand
2016

04 Sep **European Forum for Primary Care conference**
- 06 Sep Riga, Latvia
2016

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

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

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

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

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

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

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

WORLD FAMILY DOCTOR DAY 2016

Activities Report

World Family Doctor Day 2016 celebrated worldwide

This year as always it seems World Family Doctor Day has grown in popularity. The theme of smoking cessation was taken up with enthusiasm as evidenced by some of the posters produced.

[WONCA President's Message for Family Doctor Day](#)

The document below summarises reports submitted by member organisations around the world.

Feature: Young doctors celebrate Family Doctor Day



Our feature is on the videos produced by WONCA's young doctors' movements. WONCA President, Michael Kidd sent a special message to the North America region's Polaris members who were meeting in Tobago.

https://youtu.be/ceTvy5twA_k



[Polaris \(North America Region\)](#) in turn sent their message to others
<https://youtu.be/wGFCIEVY4d8>



[Al Razi East Mediterranean region](#)
https://youtu.be/Jx-yEsH_I1A

Al Razi YDM reports that it celebrated World Family Doctor Day 2016 with a series of activities:

- Releasing a congratulation video message from all the national liaisons (see above) with 275 views by the fifth day of release.
- Releasing of the following hashtags :Al_Razi #family_doctor_day # عن_طب_الاسرة # سالوني_Requesting all the family physicians in the EMR to express their opinions about family practice on their own day. More than 100 responses.
- Celebrating family physicians by dedicating them a pink flower during their work in the family health centers expressing admiration and happiness with them on their own day. This occurred in all the regional countries.
- Sending a congratulation card on behalf of Al Razi to all accessible family physicians in the region. Three cards were created in Arabic, English and both. They were distributed via social media and emails to all accessible family physicians.

National Al Razi activities:

Kuwait:

- o Collaboration with the family doctors association in arranging a workshop for the family medicine on Saturday 21 May, 2016 to announce their strategy to focus on the occupational health of the family physician whether mental or physical or social. Distributing of greeting cards with flowers was done to all in attendance

Palestine:

- o A lecture for all family doctors in El Nagah university was conducted on May 19, 2016
- o A television interview on May 19, 2016 was done by Dr Suha about the importance of family practice in the community

Egypt :

- o Community awareness sessions for the importance of family practice in the community in collaboration with EFMA and the family medicine department in Menoufia University in Munshaat sultan PHC to the community on May 9-10, 2016
- o Family physician practice improvement scientific day titled "Family practice and summer diseases" on May 22 in Menoufia Medical syndicate in collaboration with family medicine department in Menoufia University, Medical syndicate & EFMA.
- o A short lecture about Al Razi activities was presented followed by dissemination of pink flowers to the attendees (75 family physicians)

Photo: Dr Sajedah Shaltoni, family medicine consultant in Westbay health center in Qatar.

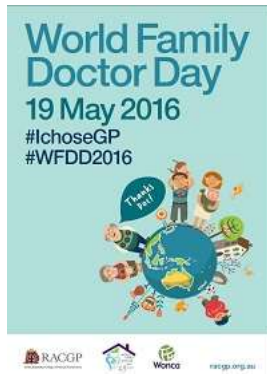


Jordan:

- o Dr Mohamed Mossa launched his mobile phone application in conjunction with the family doctor week celebration

Member Organization reports

Australia



The RACGP is asking GPs to reflect upon why they chose general practice, and share their thoughts online using the dedicated hashtag #IchoseGP. They asked members to:

- Display the RACGP **World Family Doctor Day poster** in your practice for all your patients to see (download below).
- Use the **#IchoseGP because.... poster** to tell your patients and colleagues why general practice is the best specialty (download below). Upload your pictures to social media using the hashtag #IchoseGP.
- Host a World Family Doctor Day morning tea in your practice and share your photos on the RACGP [Facebook page](#), or tweet @RACGP using the hashtag #IchoseGP.

Bahrain

Let us first start by wishing you all the best on the occasion of the World Family Doctors Day. On this occasion, the department of Family and Community Medicine of the Arabian Gulf University has celebrated the day by inviting all its faculty members.



The ceremony included the following:

1. A welcome and a briefing speech by the chair, Professor Faisal Alnasir about Family Medicine
2. A word from all members
3. Certificate of appreciation were distributed
4. I gave a poet about family doctors
5. A cake was cut
6. Journalists were invited to cover the occasion and publish it in the newspaper
7. Group photos were taken



Bangladesh

Bangladesh Academy of Family Physicians

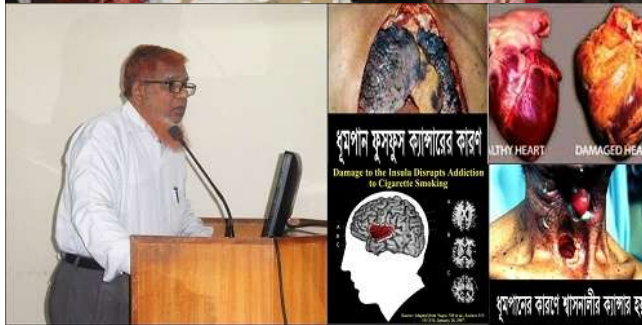


The Bangladesh Academy of Family Physicians has celebrated the World Family Doctors Day 2016. In 2014 we observed the day for the first time in Bangladesh. This time we have chalked out a new logo for the WFDD [Figure 1], anyone interested may use it for their own program. We also prepared a flair for this purpose. The Board of Governors of the Academy arranged an extended meeting for this purpose. We discussed about significance of the day, enjoyed food and took group photographs [Figure 2].

Second phase of the programme will be organized on 27 May 2016, last Friday of the month. There will be a rally at 8.00 am sharp. Not only the members and doctors, rather family members of the doctors and other enthusiastic local people shall



join and enjoy the rally. We are making local people aware about the FDD-2016, people are very much curious and they are asking us about the significance of the day. At the end of the rally we shall enjoy breakfast together. The Academy will organize a discussion on WFDD at 9.00 am. We shall talk about the WFDD. Prof. Kanu Bala will deliver a lecture on 'Management of Tuberculosis in Family Practice'. Photograph of this be sent later as supplement.



Comilla Programme: Comilla is a district town about 150 km from Dhaka. Members of the Academy of that town have arranged a meeting to celebrate WFDD. Vice-President of the Academy Dr. AKM Abdus Salim discussed about the day. Enthusiastic members joined the meeting.

Narayanganj Programme: narayanganj is another district town about 30 km from Dhaka. Family physicians of that town under the guidance of Prof. Md. Nurul Islam, former WONCA Regional President, celebrated the WFDD. Prof. Islam delivered a lecture on tobacco control [Figure 3]

Croatia

Croatian association of family medicine

The Croatian association of family medicine has developed posters for GPs to display in practice waiting rooms. There is also a poster for GPs to download on our official website. We want GPs to download and print the poster on May 19 and post a photo of themselves holding the poster on social media. We also made also made flyers for patients to remind them about the benefits they'll get if they quit smoking. We want that GPs on this day encourage patients to stop smoking and provide support to help them. We present the poster and flyers at our conference where we will hold a spirometry workshop. We will talk about COPD and how to help our patients to quit smoking.



Egypt

Egyptian Family Medicine association (EFMA)

The Egyptian Family Medicine Association (EFMA) will celebrate World Family Doctor Day 2016 with a series of activities in collaboration with the family medicine department of Menoufia University and the Al Razi Young Doctors' Movement:

- Community awareness sessions for the importance of family practice in the in Munshaat sultan PHC to the community on 9th -10th May 2016
- Family physician practice improvement scientific day on 22nd May in Menoufia Medical syndicate. Prof Taghreed Farahat is going to give a lecture on family practice between reality and improvement.
- Family physician scientific day on 29th May in Cairo



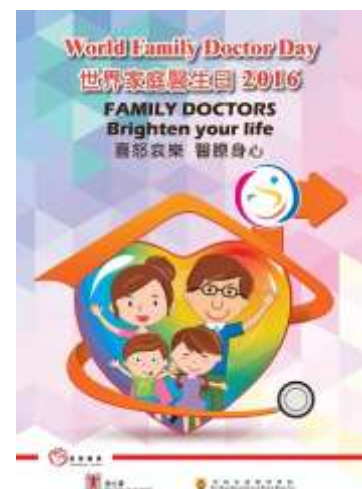
Hong Kong

Hong Kong College of Family Physicians

A special public event will be held on Sunday, May 15, 2016 to celebrate this special day for family doctors.

The theme of the event will be the role of Family Doctor in helping patients with various life events, sharing their joy and stress at important moments of their life, and coping with the stress/ mental health problems in other situations.

Activities for the event will include a sharing session by a Family Doctor with his/her patients on various psychological and health issues, and an interactive session with the audiences on the special role of the family doctor in helping patients with stress management and encouragement of positive thinking.



India

Academy of Family Physicians of India (AFPI)

1. Organising awareness camps on smoking cessation at many work places of AFPI members
2. A TV show on the concept of Family doctor to be telecasted nationwide in Door Darshan (National TV channel)





الرابطة الكويتية لطب العائلة والممارسين العاميين
KUWAIT ASSOCIATION OF FAMILY & GENERAL PRACTITIONERS

Kuwait

Kuwait Association of Family & General Practitioners

Activities included:

Poster about family doctor day and no smoking

Video about Family doctors role in Kuwait

<https://youtu.be/2p4zpLcPEfs>

Workshop in collaboration with WONCA / EMRO



19 مايو - يوم طبيب العائلة العالمي
كل عام وأنتم بخير



Myanmar

Myanmar Medical Association, Yangon

This Year, Myanmar organized this activities in both two big cities "Yangon and Mandalay "

In Mandalay, They also have "Smoking Cessation

Activities" together with Photos Presentation Show of Mandalay GPs Society's activities.



Morocco

National Collective of Moroccan General Practitioners

New WONCA member, Morocco celebrated on 22 May.

They celebrated the same time and day and did the flowers like Al Razi Young Doctors' movement for East Mediterranean region.



Nepal

General Practice Association of Nepal (GPAN)

GPAN celebrated May 19 again as it has always done but this year WONCA South Asia region President, Pratap Prasad welcomed the WHO representative to Nepal, Dr Jos Vandelaer (see photo). He is from Belgium and before joining WHO he practiced as a GP in his country Belgium. He produced a statement for World Family Doctor Day in which he said of family doctors



“When a medical problem hits, Family Doctors, or General Physicians as they are sometimes called, are in many instances the professionals that are called upon first. The reason is that the Family Doctors are often the trusted confidants of the patient, and very often also of the patient’s family. They know their patients’ issues better than anyone, because they are regularly in contact with patients and with their family. In some ways, they are part of the “family”. Their role in “first line” medicine is key: they make the first decisions around diagnosis, treatment, referral, and advise on support from family and environment. They are very well placed to take a “holistic” approach to medicine.”

He went on to say that 19 May was “an opportunity to applaud the work done by hundreds of thousands of Family Doctors around the world.”



Pakistan

College of Family Medicine Pakistan

We celebrated “World Family Doctor Day” at the National Institute of Child Health NICH auditorium on 22nd May 2016. The event was well attended by family physicians, members of academia, the young family physicians of the spice route, and senior members of the including Dr Aziz Khan Tank who was paid tribute by the audience by a standing ovation. The event was covered by media including



coverage on national TV.

Keeping with this year's theme: "Smoking Cessation," A CME lecture was arranged by the College. Prof Javaid A Khan, a renowned pulmonologist and academician presented the evils and perils associated with smoking emphasizing that the doctors must never smoke. The Guest of honor Mr Tariq Wajid, a well known corporate guru, most sought after for his ethical outlook, presented some concrete suggestions for curbing the menace from our society. The Secretary General of the College Dr Shehla Naseem announced that the CFMP website would display prominent anti-smoking messages.

Each year the CFMP pays tribute to Family Physicians, national or international, who have excelled in supporting, developing and enhancing the standards of Family Medicine, by "Excellence in Family Medicine Award." This year the CFMP awarded the Excellence in Family Medicine Awards to Professor Michael Kidd, the President of WONCA, Prof Garth Manning the Secretary General of WONCA, and Dr Preethi Wijegunawardena from Sri Lanka.

The College presents the "Friends of Family Medicine Award" to people in acknowledgement of their ethical support to CFMP. This year the "Friends of Family Medicine Award" was given to Mr Tariq Wajid, and Dr Ashgar Naqvi.

Dr Naseem paid tribute to all her colleagues who were providing healthcare in far flung areas of Pakistan. She thanked the organizing committee and praised the efforts of her team on conducting the academic activities of the college to update the family physicians by CME and training. CFMP has been raising voice at different levels for the security, safety and well being of family physicians and providing ethical educational programs at affordable cost to the family physicians across Pakistan. The vote of thanks was presented by the joint secretary Dr Abdul Ghafoor Shoro.

The program concluded by distribution of art materials and toys amongst the in-patients of the National Institute of Child Health (NICH), by the members of CFMP.

Philippines

Philippine Academy of Family Physicians (PAFP)

The Philippine Academy of Family Physicians had the celebration of the World Family Doctors' Day from May 19-22, 2016 in the key regions of the country such as Pampanga, Davao, Cebu and Metro Manila. This year we launched the "Kalusugan ng Pamilya mo, alaga ko" project which is in line with the new PAFP mission which is PAFP C.A.R.E.S.

This included, lay fora for smoking cessation, wellness activities such as screening, health promotion, fitness activity, motorcade and raising awareness on the role of Family Medicine doctors in the community.

PAFP Mission CARES

C omprehensive, coordinated, patient-centered, family focused care

A dvocacies for the welfare and rights of the Filipino families

R esearch and evidence-based family practice

E xcellence in education and training

S ervice to members

Some chapters conducted environmental projects and health education. The different accredited training programs conducted health education to families and career orientation in family Medicine for medical students. Radio and television guesting was done as well as newspaper publication to



increase awareness on the vital role of Family Medicine doctors in the society. The culminating activity on May 22, 2016 at the Cultural Center of the Philippines grounds to engage the Filipino families as well as collaborate with the Department of Health and government officials. Program of activities included zumba for the families and doctors, motorcade around Manila, Inspirational messages, booths for wellness program, lay fora on smoking cessation, video on the role of Family medicine doctors and pledge of commitment from the various stakeholders.

Motorcade



Portugal

Portuguese Association of General Practitioners

A very special celebration, dedicated to physical activity promotion and smoking abstinence

Several hundred Portuguese family doctors and Family Medicine residents, divided into more than 80 groups, duly celebrated World Family Doctor Day 2016 (WFDD2016) on May 19. The activities organized by these groups covered over 60 towns and cities, all over the country, actively involving the communities in a series of events devised to promote regular physical activity and smoking abstinence/cessation.

In the city of Leiria, for example, bystanders were invited to play "Let's roll down tobacco!", a sort of bowling game in which the pins are shaped in the form of a cigarette. Later on in the afternoon, one of the city's central squares came to life, thanks to a Sh'bam class (dance-based workout).



In another city, Cartaxo, a group of health professionals from Family Health Unit Terra Viva invaded the town hall square, challenged the locals to try some dance routines and possibly trade a cigarette for healthy food. The success of the enterprise was guaranteed through important partnerships with the municipality and a local company, that allowed the group to distribute organic ice creams and other tasty (but healthy) delicacies.



The Cova da Beira region (Central Portugal) was another part of the country where WFDD2016 was celebrated with excitement. Local family doctors and FM residents cooperated with a renowned recreational and cultural institution, in order to offer a traditional ball to senior citizens, as well as a healthy mid-afternoon snack. The gathering was also vital to handout brochures with advice on healthy lifestyle and a balanced diet.

Further to the south, in the capital (Lisbon), a very large group of volunteers took over one of the biggest city parks (Parque das Conchas) and

asked everyone who walked by to join them in a mega zumba class. Not very far, in Family Health Unit São João do Estoril, the population was invited to take part in a seaside stroll, complemented with an information session focused on the risks associated with tobacco consumption. Neighbouring Family Health Unit Costa do Estoril went for a different approach: a flash mob in the waiting room!

Coimbra was one of the “hotspots” of WFDD2016. Amidst many community events planned to get young and old people moving and thinking about the negative impact of smoking (almost all of these events taking place in parks and leisure areas around the Mondego river), a particular ceremony stood out: the unveiling of a sculpture called “For hope...”, dedicated to all family doctors and located in one of the city's busiest roundabouts.

This is just a brief overview of all the activities that happened during WFDD2016 in Portugal, where the national and local media coverage of the events and the importance attributed to the date were also noticeable.

In fact, precisely on May 19, several Health Ministry senior officials revealed to the press that the government acknowledged the temporary shortage of family doctors in certain regions and that steps are being taken to ensure that the problem will be mitigated by the end of next summer.



Republic of Srpska

Association of family medicine doctors of the Republic of Srpska



“Think of your health and the health of your families”

The Association of the Republic of Srpska celebrated the international day of family doctors through a symposium, which took place in historical attire city Ivo Andric on 19 May 2016.

The Minister of Health and Social Welfare, Dr Dragan Bogdanić took part in the symposium as well as guests from Queens University in Kingston, Canada, the national coordinator for the smoking cessation in the Republic of Srpska as well as eminent lecturers from the Department of Family Medicine Banja Luka and Foca .

Also, as part of the promotion activities of the association, in the market Andric Town

over a period of 12 hours, volunteers and family medicine teams of Visegrad measured health parameters of citizens (blood sugar and blood pressure) and shared the information leaflets about the dangers of smoking, which is a global theme of the World Family Doctor Day in all member states associated with WONCA.



Romania

National Centre for Studies in Family Medicine

Happy WFDD!

On May 19th the Romanian National Society of Family Medicine prepared two Press Releases to

mark the World Family Doctors Day and our involvement in better healthcare for all.

The first press release was prepared by the respiratory working group (RespiRo) following the theme selected by WONCA for 2016 - smoking cessation. The press release is available on SNMF's website, in Romanian

http://www.snmf.ro/noutati/19_05_2016_comunicat_de_presa_grupul_respiro.htm

The second press release is about the petition launched by SNMF on World Health Day (April 7th) calling for solidarity for health. The press release announces that 38.596 patients and healthcare professionals signed the petition in just 6 weeks in family medicine offices all over Romania, and another 2.482 signatures were collected online. As scheduled, the first announcement about the number of signatures was made on World Family Doctor Day. Signatures continue to be collected until June 30th and a second announcement will be made on Romanian Family Doctors Day, July 4th. The petition asks for respect for patients and doctors from politicians, better access, reduced bureaucracy, improved e-Health nationwide system, increased funding and the approval and implementation of the Strategy for Health and Strategy for Primary Care.

The petition can be read in English and Romanian on www.snmf.eu

Taiwan

Chinese Taipei (Taiwan) Association of Family Medicine

This year, we designed a new poster to celebrate the special day for family doctors in the world. In the past two months, we have used every opportunity such as seminars, meetings etc. to post this poster.

We will hold a premiere and press conference for the film entitled 'A day of Family Doctor Part II-' on May 15. As we are going to celebrate our Pearl Jubilee Anniversary in July, the theme of press conference will be "Thirty Years' Glory, Family Doctors go". The aim is not only to celebrate the Pearl Jubilee Anniversary but also to emphasize the role of family physicians and their contributions in promoting the health of people.

Attached the poster of this year for your reference. I suppose to mail you the photos next Monday

On this past Sunday, May 15th, we celebrated the 2016 World Family Doctor Day as previous years.

The movie "A Day in the Life of a Family Doctor,

Part II" was premiered during the function.

Press conference gathering



Turkey

Turkish Association of Family Physicians – TAHUD

The University Education and Research Hospital Family Medicine Department in Izmir, Turkey send s this report on TAHUD activities in their city.

World Family Doctor Day (WFDD) is more meaningful for Turkish family physicians because it coincides with Commemoration of Atatürk, Youth and Sports Day, which is an important national day, represents beginning of independence war of Turkish people. This year, we have organized an event to discuss the things to develop our discipline at the future and to increase awareness about smoking cessation that declared as the concept of this year by WONCA and to celebrate this special day all together.



This year on the behalf of TAHUD event organizing group, third activity to celebrate WFDD was organized in Turkey. For preparations, we designed special t-shirts and banners and announcements were made by social media links (like facebook, instagram, twitter, google groups). This year, we organized a cableway tour and breakfast activity and celebrated this special day with perspective of life without smoking with our colleagues and patients.



We came together nearby the cableway in Balçova with our colleagues and patients at 9pm on 19 May. We dressed the t-shirts and made a cableway tour with the gorgeous view of Izmir. After that we continued with breakfast and during breakfast, we had discussions and shared experiences with each other. We gave the smoking cessation guidelines and some oral information to the participants. After a beautiful day with special moments, we promised to come together at the same day next year.

This year we have organized a visit to Nursing Home residents to emphasize this feature of our speciality.

The Nursing Home named “Darülaceze” was a historical building which was built in 1895 by Sultan 2th Abdülhamit. It was almost 27000 km² area. There are one mosque, one synagogue and a big garden in the middle of the buildings. Till today approximately 72000 person lived there. Now, nearly 600 homeless elderly and 50 children’s sheltering and medical care were covered by the state



regardless of their religion, language and race.

The elderly people were so happy with our visit and small gifts. Also to listen their experiences, their life stories and see their wonderful handmade products; to hold and love an orphan child made us happy. As WONCA determined this year’s theme as “quit smoking”, activity was carried out to increase awareness of community and physicians for smoking cessation in Turkey as well. In future, we wish to increase the number of activities for this special day across the country and celebrate it in a better manner.

USA

American Academy of Family Physicians (AAFP)

The AAFP has released a series of videos
A message from the President of the AAFP
(photo)

<https://www.youtube.com/watch?v=doxPEAz48SE>

Other thank you videos

https://www.youtube.com/watch?v=o-el4_MXZjc

<https://www.youtube.com/watch?v=0gCduoZm-Lo>

<https://www.youtube.com/watch?v=nnNVEgkTzpc>

<https://www.youtube.com/watch?v=ONB8u0O2XtE>



Venezuela

Sociedad Venezolana de Medicina Familiar

Actividad científica, se trataran tópicos como prevención cuaternaria, manejo de malas noticias, valoración integral del adulto mayor, terapia de pareja, valoración del sintomático respiratorio, analgesia en APS

Scientific, topics such as quaternary prevention, breaking of bad news, comprehensive assessment of older adults, couples therapy, assessment of respiratory symptoms, analgesia

Photo 1 jornada medicina familiar / Family Doctor Day

Photo 2 medicina familiar - una especialidad resiliente en época de crisis / family medicine - a resilient specialty in times of crisis

