

WONCA News

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WONCA
World family doctors. Caring for people.

From the President - October 2017

One of the wonderful privileges of being a WONCA leader is seeing the many colleagues worldwide who are committed to family medicine in all its stages and settings.

Africa

The very successful regional Africa conference in Pretoria celebrated progress in our most challenged region, including presentations from countries such as Malawi and Ethiopia who are at the earliest stages of family medicine development. The leadership of the WONCA Africa Executive included a great keynote from our regional President, Dr Henry Lawson, and some of our Working Parties and Special Interest Groups (SIGs) made important contributions. We launched the WONCA Africa Rural chapter (WoRA), and the WONCA Working Party on Women and Family Medicine (WWPWFM) awarded the first Atai Omoruto scholarships in [memory of our beloved Atai](#), whose daughter Dorothy was with us for the awards ceremony.



(photo shows Amanda at the awards with other women and the winners)

Members wishing to support female family doctors from Africa to attend future WONCA Africa meetings can donate by emailing the WONCA manager manager@wonca.net.

Much work remains, and any other regions or member organisations who want to support work in Africa are advised to contact Henry Lawson and colleagues for advice as to how this might best work.

PresidentAFRICA@wonca.net

Hong Kong

Then on to Hong Kong to join one of our strongest and most mature member organisations celebrating their fortieth anniversary. Our President-Elect, Dr Donald Li, gave an excellent presentation (the current Executive are a talented bunch!) It was great to meet representatives from mainland China who are being supported in the early phases of Family Medicine implementation, and also to see clinics and academic units who are working together to strengthen primary health care in the region. Nevertheless there are significant issues around financial packages which incentivise 'doctor shopping' and hospital based care, and where overmedicalisation can be a risk – the opposite end of the spectrum from the under-resourced and minimal services in many parts of Africa.

Photo below : In Hong Kong with other dignitaries including president elect Donald Li (second from left)



USA

All this was built on, in my visit to the annual conference of our biggest member organisation, in the invaluable company of the North America regional president, Dr Ruth Wilson. The American Academy of Family Physicians (AAFP) has 129,000 members, and all states were represented at the conference, as well as colleagues from Canada and the Caribbean. The three priorities of the meeting were better health coverage for all, reduced regulatory and bureaucratic burden, and more support for family doctors in their daily contribution. The USA has one of the most fragmented and complex systems in the world, with many citizens without access to healthcare even though the country is one of the richest in the world, but the social conscience and moral drive towards healthcare equity in the meeting was hugely admirable – may it deliver against the current odds.

And Next?

Now I go on to Lebanon, Paris, and then Washington – the latter meetings both about the continuing need to define fair and robust

ways to measure effective primary healthcare. A number of our leading family medicine academics are involved in this 'industry', where there are risks for our community if our contribution is not made more visible. The last policy bites and much of the WONCA Working Party on Research efforts are examining what part we can play to address this, but we are also to ensure that other stakeholders understand what we do and which data it is feasible for us to collect (as discussed in the AAFP meeting!)

And I also prepare for the October 'live' meeting of our Executive, in Bangkok, ahead of the Asia Pacific regional conference; work on other WONCA ventures; and feel the wider sorrow of the world as we hear of the consequences of the hurricanes and earthquakes in the Americas and the political instabilities throughout the world.

I think we have great cause to be hopeful because of the wonderful work of our members worldwide – let that sustain us all.

Amanda Howe
WONCA President

➤ Español página 31

De la présidente : Octobre 2017

L'un des plus grands privilèges du poste de directrice de WONCA est que je rencontre, autour du monde, de nombreux collègues qui se consacrent à la médecine familiale à tous niveaux.

Afrique

La conférence régionale africaine très réussie de Pretoria a célébré nos progrès dans une région confrontée à de nombreux défis, accueillant des présentations de pays tels que le Malawi et l'Éthiopie qui n'en sont qu'aux balbutiements du développement de la médecine familiale. Le leadership du comité directeur de WONCA Afrique comprenait un excellent discours liminaire de Dr Henry Lawson, notre président, et d'importantes contributions par nos groupes de travail et nos groupes d'intérêt spéciaux. Nous avons procédé au lancement de la branche rurale de WONCA Afrique, et le groupe de travail de

WONCA sur les femmes et la médecine familiale a présenté les premières bourses d'études [Atai Omoruto](#) en mémoire de notre cher Atai, en présence de sa fille Dorothy.

Les membres qui souhaitent soutenir la participation des femmes médecins de famille d'Afrique peuvent faire leurs dons [ici](#).

Il reste beaucoup à faire, et nous recommandons à toute autre région ou organisation membre souhaitant soutenir ce travail en Afrique de contacter Henry Lawson et son équipe pour tout conseil pratique. PresidentAFRICA@wonca.net

Hong Kong

Puis j'étais à Hong Kong auprès de l'une de nos plus solides organisations membres pour les célébrations de leur 40e anniversaire. Dr Donald Li, notre président élu, a fait une

excellente présentation (le comité exécutif actuel est un groupe bourré de talents!). C'était formidable de rencontrer des représentants de Chine continentale qui bénéficient de soutien aux premiers stades de l'établissement de la médecine familiale, et de voir des unités cliniques et académiques travaillant ensemble au renforcement des soins de santé primaire dans la région. Il y a cependant de nombreuses questions en ce qui concerne les programmes financiers qui encouragent la médecine de complaisance, les soins fournis à l'hôpital et les cas de surmédicalisation –opposé de la situation dans de nombreux coins d'Afrique où les services sont réduits au minimum et manquent de ressources.



Etats-Unis

Tout ceci s'est passé durant ma visite à la conférence annuelle de notre organisation membre la plus importante en la précieuse compagnie de Dr Ruth Wilson, présidente de la région Amérique du Nord. L'American Academy of Family Physicians (AAFP) compte 129 000 membres et chaque état était représenté à la conférence ainsi que le Canada et les Caraïbes. Les trois priorités de la réunion étaient une meilleure couverture santé pour tous, une réduction des contraintes réglementaires et bureaucratiques et un plus grand soutien des médecins de famille dans leurs activités quotidiennes. Les Etats-Unis ont un des systèmes les plus fragmentés et les plus complexes du monde où de nombreux citoyens sont privées d'accès aux services de santé bien que leur pays soit l'un des plus riches au monde. Au cours de la réunion, la conscience sociale et l'effort moral

vers une justice en ce qui concerne les soins de santé se sont révélés admirables – qu'ils gagnent en dépit de tout!

Et après ?

Je m'en vais maintenant vers le Liban, puis Washington –ces dernières réunions consacrées au besoin continu de définir des moyens justes et robustes pour prendre la mesure des services de soin de santé primaire de manière efficace. Un grand nombre de nos experts universitaires dans le domaine de la médecine familiale sont engagés dans cette « industrie » où il y a des risques pour la communauté si notre contribution n'est pas rendue plus visible. Les dernières décisions politiques et une grande

partie des efforts du groupe de travail de WONCA sur la recherche étudient le rôle que nous pouvons prendre à ce sujet, mais nous œuvrons également pour que d'autres acteurs comprennent notre apport et les données qu'il nous est possible de collecter (comme décrit lors de la réunion de l'AAFP).

Je prépare également une réunion de direction « live » à Bangkok, avant la conférence régionale Asie-Pacifique, et je travaille sur d'autres projets de WONCA. Je ressens la douleur du monde alors que les conséquences des ouragans et des séismes du continent américain apparaissent et que le climat politique se déstabilise à travers le monde.

Le fantastique travail entrepris par nos membres au niveau mondial nous donne raison de garder espoir –que cela nous soutienne tous!

Amanda Howe
Présidente de WONCA

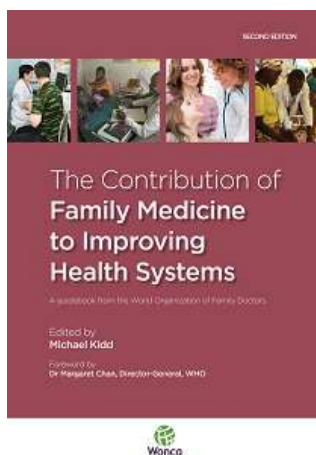
*Traduit par Josette Liebeck
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Accréditation NAATI No 75800*

From the CEO's desk: WONCA publications

This month I thought it would be useful to remind members about the various WONCA publications, many of which are freely available via the WONCA website, and especially to highlight recent and forthcoming publications.

The contribution of family medicine to improving health systems

The mainstay of our catalogue is the WONCA Guidebook – “*The contribution of family medicine to improving health systems*”. Edited by our Immediate Past President, Professor Michael Kidd, and with contributions from a number of WONCA members, as well as colleagues from WHO (including a foreword from Dr Margaret Chan, ex-Director General of WHO), the guidebook reveals ways in which family medicine can help countries throughout the world maintain and improve health and well-being by developing a more productive, coordinated and cost-effective approach to healthcare. So critical has this book been considered that it has been translated into many different languages, including: Portuguese; Slovak; and Vietnamese. Copies – in English - are available from the WONCA Secretariat at admin@wonca.net or from the [on-line shop](#).



mental, behavioural and neurological disorders are major contributors to disability and premature death. They are common in all countries, and if left untreated cause immense suffering. Primary care services for mental disorders are the best way of ensuring that people get the mental health care they need. They are accessible, affordable, acceptable and cost-effective and promote early diagnosis, respect of human rights and social integration. They also ensure that all people are treated in a holistic manner, addressing both their physical and mental health needs. [Download here.](#)

Rural Medical Education Guidebook (RMEG)

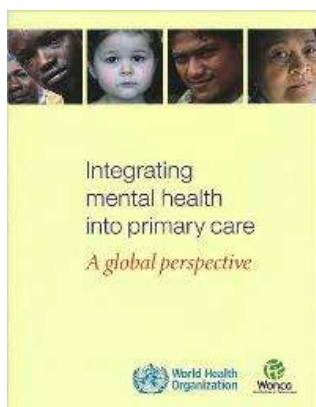
The WONCA *Rural Medical Education Guidebook* was launched at the 12th WONCA World Rural Health Conference, in Gramado, Brazil, in April 2014. The project was supported by WONCA through the WONCA Working Party on Rural Practice, the Northern Ontario School of Medicine, Memorial University of Newfoundland (MUN), and the Rockefeller Foundation.



Consisting of 71 chapters written by 74 authors, it represents a unique collaboration, with contributions from every continent. It is intended to be a free resource for doctors, educators and others wanting to obtain practical ideas on implementing aspects of rural medical education and to learn from the experience of colleagues in different contexts. [Download here.](#)

Integrating Mental Health into Primary Care: a Global Perspective

Now one of WONCA's more mature publications, this was a joint publication between the WONCA Working Party on Mental Health and WHO's Department for Mental Health and Substance Abuse. World-wide,



Family doctors in the field – Environmental stories from across the globe

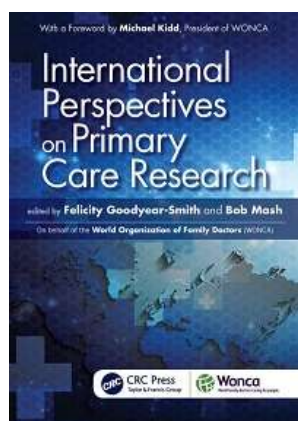
Family doctors are all too aware of the link between the environment and the health of our patients and our communities.

What is good for the environment is also good for our patients – whether it's clean water, clean air, freshly grown food or the benefits of physical activity. In this publication, Grant Blashki, Alan Abelsohn, Margot Parkes and Karen Flegg have brought together a series of stories from family doctors across the globe, who have taken a step beyond concern and into action. Their enthusiasm, passion and commitment has allowed them to make important and lasting contributions to the health of individuals, communities and their environment. It's freely available on the [WONCA Website](#)



International Perspectives on Primary Care Research

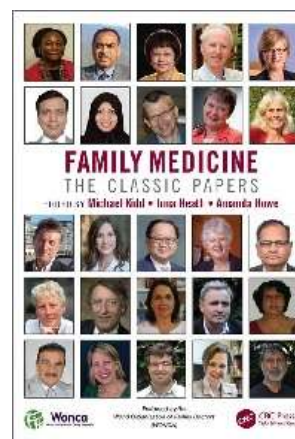
This book, edited by Felicity Goodyear Smith (New Zealand) and Bob Nash (South Africa) examines how the evidence base from primary care research can strengthen health care services and delivery, tackle the growing burden of disease, improve quality and safety, and increase a person-centred focus within healthcare. It demonstrates the inter-professional nature of the discipline by featuring a section on cross-nation organizations and primary care networks supporting research. Researchers from 20 countries provide national perspectives, providing case histories from research-rich to research-poor nations to illustrate the range of research development and capacity building. [Available from CRC press](#)



Family Medicine – the Classic Papers

In this book, the editors – Michael Kidd, Iona Heath and Amanda Howe – have endeavoured to collect in one place the classic papers from family medicine from

around the world. The book aims to serve as a showcase for some of the most important ideas and research carried out in, or about, family medicine, demonstrate the broad scope of primary health care delivered by family doctors around the world, and serve as an inspiration to current family doctors as well as doctors in training and medical students. With 33 papers, ranging in time from 1894 to 2015, the book is a fascinating history of papers which have profoundly influenced our specialty. [More here.](#)



I'm also delighted to report that, at the 2017 British Medical Association Book Awards, held in London in mid-September, this book was Highly Commended in the Primary Health Care category. Iona Heath and Professor Sir Andrew Haines represented WONCA at the award dinner.

Future publications

In addition to the publications listed above, a further three publications are at various stages of development:

- **“Family Practice in the Eastern Mediterranean Region: Universal Health Coverage and Quality Primary Care”** which will be a joint publication between WONCA and WHO Eastern Mediterranean Region Office (WHO EMRO) and edited by Michael Kidd and Hassan Saleh. The region is leading the implementation of universal health coverage and has made the commitment to use primary health care as a key component of this policy. The book answers the need of policy makers in this region, by explaining what primary health care is, how it contributes to cost-effectiveness of health care, and the mechanisms through which it can make a major impact on society and populations' health. It thus paves the way for effective policy, capturing the evidence and detailing strategies to implement policy under prevailing national conditions.
- **“How To Do Primary Care Research”**,

edited by Felicity Goodyear Smith and Bob Mash, of WONCA's Working Party on Research, will act as a companion volume to their recently published "*International Perspectives on Primary Care Research*" (as featured above) and will be a great guide to practitioners who would like to get more involved in research in primary care and family medicine.

• "**Primary Health Care around the World: Recommendations for International Policy and Development**". This book will be based on a series of workshops, held at the various WONCA regional conferences, when discussions centred on progress to date and what had facilitated or delayed implementation of PC and family medicine.

Key WONCA documents

I must also mention two other key WONCA documents: "Global Standards for Postgraduate Family Medicine Education" and "Global Standards for CPD Programmes".

WONCA Global Standards for Postgraduate Family Medicine Education

Medical educationalists from around the globe developed World Federation for Medical Education (WFME) global standards for basic medical education, postgraduate medical education and continuing professional development. Because these standards were developed through a rigorous process and are global in nature and in development, they provided an excellent framework for the family medicine-specific educational standards developed by the WONCA Working Party on Education (WWPE), beginning in 2006. In May 2012, the WWPE was given permission to adapt the WFME standards as a template for the development of standards in Family Medicine Education. This document represents the standards developed by the WWPE for postgraduate family medicine education, and is based on the WFME global standards.

These global standards may be used in a variety of ways, always with the overall goal of quality improvement in Family Medicine Postgraduate Education. Because these standards are intended to be used globally, and in the very diverse contexts in which family medicine is practiced, they are

necessarily quite broad in nature. It is intended that they be adapted for the local environment and to meet community needs. Programs might use these standards for:

- Self assessment and program quality improvement
- New program development
- Peer review
- Recognition and accreditation

The full document and standards can be accessed via [the WONCA website](#).

WONCA Global Standards for CPD Programmes

As with the WONCA Standards for Postgraduate Family Medicine Education, this document is an adaptation of a WFME document - the Continuing Professional Development (CPD) of Medical Doctors: Global Standards for Quality Improvement. These WONCA standards have been modified to fit the requirements of the family doctor and general practitioner, as those of WFME discussed CPD in more general terms. The term Continuing Professional Development (CPD) has been selected for the purpose of this document as it encompasses Continuing Medical Education (CME), dealing with medical knowledge/clinical skills and extends into the wider context of how this learning exists as an interplay between the individual physician and the profession. Specific content areas and learning modalities relevant to Family Medicine are therefore included in the WONCA standards. These standards have been developed over several years, and at world, regional and rural meetings of WONCA. They can be [accessed on line here](#).

Next month

Next month I will be writing, among other topics, on the call for nomination for WONCA officers for the 2018-2020 biennium, and also the call for nominations for WONCA awards. Of course, we also have a full meeting of the WONCA Executive on 29th and 30th October in Bangkok, and I'll be reporting back on the issues discussed and the decisions made.

Until next month.

Dr Garth Manning
CEO

Policy Bite: shared principles of primary care

Ruth Wilson, WONCA North America region president (Canada, pictured at top) and Amanda Howe, WONCA president (UK, pictured below), write this month's policy bite.



The message

We know the importance of strong primary care as a key component of a high performing health care system. However the terms "primary care" and "primary health care" are often used loosely, and there is a need to define and characterise good primary care. Here are eight principles of primary care, recently endorsed by many primary care and family medicine organizations in North America, for consideration.



1. Person & Family Centered

- Primary care is focused on the whole person - their physical, emotional, psychological and spiritual wellbeing, as well as cultural, linguistic and social needs.
- Primary care is grounded in mutually beneficial partnerships among clinicians, staff, individuals and their families, as equal members of the care team. Care delivery is customized based on individual and family strengths, preferences, values, goals and experiences using strategies such as care planning and shared decision making.
- Individuals are supported in determining how their family or other care partners may be involved in decision making and care.
- There are opportunities for individuals and their families to shape the design, operation and evaluation of care delivery.

2. Continuous

- Dynamic, trusted, respectful and enduring relationships between individuals, families and their clinical team members are hallmarks of

primary care. There is continuity in relationships and in knowledge of the individual and their family/care partners that provides perspective and context throughout all stages of life including end of life care.

3. Comprehensive and Equitable

- Primary care addresses the whole-person with appropriate clinical and supportive services that include acute, chronic and preventive care, behavioral and mental health, oral health, health promotion and more. Each primary care practice will decide how to provide these services in their clinics and/or in collaboration with other clinicians outside the clinic.
- Primary care providers seek out the impact of social determinants of health and societal inequities. Care delivery is tailored accordingly.
- Primary care practices partner with health and community-based organizations to promote population health and health equity, including making inequities visible and identifying avenues for solution.

4. Team-Based and Collaborative

- Interdisciplinary teams, including individuals and families, work collaboratively and dynamically toward a common goal. The services they provide and the coordinated manner in which they work together are synergistic to better health.
- Health care professional members of the team are trained to work together at the top of their skill set, according to clearly defined roles and responsibilities. They are also trained in leadership skills, as well as how to partner with individuals and families, based on their priorities and needs.

5. Coordinated and Integrated

- Primary care integrates the activities of those involved in an individual's care, across settings and services.
- Primary care proactively communicates across the spectrum of care and collaborators, including individuals and their families/care partners.

- Primary care helps individuals and families/care partners navigate the guidance and recommendations they receive from other clinicians and professionals, including supporting and respecting those who want to facilitate their own care coordination.
- Primary care is actively engaged in transitions of care to achieve better health and seamless care delivery across the life span.

6. Accessible

- Primary care is readily accessible, both in person and virtually for all individuals regardless of linguistic, literacy, socioeconomic, cognitive or physical barriers. As the first source of care, clinicians and staff are available and responsive when, where and how individuals and families need them.
- Primary care facilitates access to the broader health care system, acting as a gateway to high-value care and community resources.
- Primary care provides individuals with easy, routine access to their health information.

7. High-Value

- Primary care achieves excellent, equitable outcomes for individuals and families, including using health care resources wisely and considering costs to patients, payers and the system.
- Primary care practices employ a systematic approach to measuring, reporting and improving population health, quality, safety and health equity, including partnering with individuals, families and community groups.
- Primary care practices deliver exceptionally positive experiences for individuals, families, staff and clinicians.

The vision outlined in these Shared Principles of Primary Care will result in excellent outcomes for individuals and families, and more satisfying and sustainable careers for clinicians and staff. It is a vision that is aspirational yet achievable when stakeholders work together.

What was the context that made you write this paper?

These principles are supported by the North American region of WONCA. They were developed with leadership from Family Medicine for America's Health and the Patient Centered Primary Care Collaborative in the U.S. Over 100 primary care organizations worked on a number of iterations of the Shared Principles. The American Academy of Family Physicians, the largest member organization in the North America region, has played a key role in development. The President, Prof Amanda Howe, is grateful to Dr Ruth Wilson for bringing these forward, and we are confident that they will help members to define and improve primary care in their own place.

Why does it matter for patients?

Countries with strong primary care systems achieve better outcomes for patients and populations, at lower costs. A health care system which has as its foundation accessible high quality primary care is better for patients.

What should FP/GP leaders to do implement it?

The key role of family physicians in primary care needs to be articulated and promoted. Family doctors are committed to the relationship between patient and physician; they bring strong generalist clinical skills to this relationship. They serve a defined patient population and are oriented to the health of communities as well as individuals. Leaders in family medicine need to continue to ensure that family medicine adheres to the principles outlined above, while also championing our key role in the provision of high quality primary care.

Organizations who wish to sign on and support these principles are encouraged to [do so here](#)

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WONCA regions

WONCA Europe statements at WHO Regional Committee



<https://youtu.be/0jkHJX9fQ6U>

Dr Anna Stavdal, WONCA Europe president reports:

The 67th session of the WHO Regional Committee for Europe was held in Budapest from 10th - 14th September 2017. Health ministers and high-level representatives of the 53 member states of the WHO European Region, as well as partner organisations and civil society met and debated key health challenges and action plans.

The framework for action towards a sustainable health workforce in the WHO European Region was presented and debated. The framework adapts the Global Strategy on Human Resources for Health: Workforce 2030 in the European context, and has four strategic objectives: a) transform education and performance; b) align planning and investment; c) build capacity, and; d) improve analysis and monitoring.

Introducing the framework and draft resolution, the Director of the Division of Health Systems and Public Health, Dr Hans Kluge, noted that the health workforce was the beating heart of any health system, and the cornerstone of universal health coverage. The Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, argued that the health personnel are a pillar for achieving universal health coverage, and specifically highlighted the importance of the primary care workforce.

The urgent case of family medicine

On the occasion of the discussion of the framework, WONCA Europe has released a statement on Family Medicine, focusing on educational needs (both undergraduate and postgraduate) and the policies for retaining and, when necessary, supporting the migration and emigration of family doctors. The statement was delivered by Dr Anna Stavdal, President of WONCA Europe and is called "*The urgent case of family medicine*". [The full text is available here.](#)

Statement on Refugee Health

At the same WHO Regional Committee for Europe, WONCA Europe also released a joint statement on Refugee Health on the "Roadmap to implement the 2030 Agenda for Sustainable Development, building on the Health 2020 policy framework". The statement was prepared in cooperation with the Council of Occupational Therapists for the European Countries, the International Association for Hospice and Palliative Care, the World Federation of Occupational Therapists, and the Worldwide Hospice Palliative Care Alliance. [The full text is available here.](#)

Planetary Health and Primary Care

Finally, WONCA Europe released a joint statement on Planetary Health & Primary Care relating to the agenda item "Improving environment and health in the context of Health 2020 and the 2030 Agenda for Sustainable Development". The statement was prepared in cooperation with the Council of Occupational Therapists for the European Countries, the Health Care Without Harm Europe, Medicus Mundi International, and the World Federation of Occupational Therapists. We would also like to acknowledge Dr Enrique Barros and Dr Ralph Guggenheim from the WONCA Working Party on the Environment for their guidance and support in preparing the statement. [The full text is available here.](#)

[WONCA Europe The urgent case of family medicine statement 2017](#)

[WONCA Europe joint statement on Refugee Health 2017](#)

[WONCA Europe joint statement on Planetary Health & Primary Health Care 2017](#)

2018 WONCA Europe Conference in brief



- * Dates: 24th-27th May, 2018
- * Place: Krakow, Poland
- * Theme: Family Medicine: Quality, Efficiency, Equity

Important deadlines:

- abstract submission – 30th November 2017
- authors notification – 31st March 2018
- early bird registration ends – 31st December 2017
- on-line registration ends – 30th April 2018

Welcome message

Dear Colleagues,
WONCA Europe and the College of Family Physicians in Poland are pleased to invite you to the 23rd WONCA Europe Conference which will be held on 24 – 27 May 2018 in Krakow, Poland.

Throughout Europe, General Practitioners and Family Doctors practice everyday to provide to their patients high quality primary medical care. They play a key role in the healthcare systems to make efficient use of limited resources and to assure equal care to all patients.

Nowadays, as Europe faces new crises, preserving these the universal values: Quality, Efficiency and Equity is a new challenge for all family physicians and we want to discuss them during the conference in Kraków. We invite researchers, educators, managers, but especially practising doctors to contribute to this debate.

Krakow - charming, mediaeval city, and an old capital of Poland welcomes you and offers its tradition, history, culture and unforgettable atmosphere of a magic place, which attracts every year millions of visitors. We hope that in May 2018 you will be among them.

We are looking forward to seeing you in Krakow!

Scientific Programme

The scientific programme of the Conference will be designed with reference to the leading theme: Family Medicine: Quality, Efficiency, Equity. Based upon this motto multiplicity of topics related to these three dimensions of Family Medicine will create rich and innovative programme to meet the expectations of all participants.

The Key-Note lectures will be conducted by: Prof. Michael Kidd, Dr Sera Tort, Dr Andrzej Ryś, Dr Mukesh Chawla.

Social Events

As well as the scientific programme, social events are planned. The Opening Ceremony with a Musical Concert by Grupa MoCarta, Gala Dinner in unforgettable place with excellent Polish tastes and true Polish Evening at Forty Kleparz, the only historic fort in heart of Krakow.

Conference Venue

The Conference Venue – ICE Kraków Congress Center is a world-class modern facility which meets the requirements of the International Congress Organization and the highest acoustic and technical standards. The facility is designed to host all types of congresses. The building's high standard entitles it to be placed among the most prestigious and exclusive congress centers in Europe. A foyer is located on three levels on the east side of the building facing a beautiful view of the Wawel Castle and the Vistula River.

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WONCA EMR meets WHO EMRO, in Cairo



Photo: WHO EMRO and WONCA EMR delegates, (from right to left) ; Dr Tghreed Farhat, WONCA EMR board member, Dr Oraib Alsmadi WONCA EMR treasurer, Dr Mohammed Tarawneh, WONCA EMR president, HE DR Mahmoud FIKRI; WHO EMRO RD, Dr Jaouad Mahjour; Director of program management, Dr Zafar Mirza; Director of health system development, and Dr Hassan Salah; Technical officer primary and community health care

WONCA's East Mediterranean region (EMR) delegate conducted a meeting with WHO EMRO Regional Director and his team on Sunday, 10 September 2017, in Cairo, Egypt.

Participants:

From WHO: Dr Mahmoud Fikri, WHO EMRO Regional Director; Dr Jaouad Mahjour, Director of program management; Dr Zafar Mirza, Director of health system development; Dr Hassan Salah, Technical officer primary and community health care.

From WONCA: Dr Mohammed Tarawneh, WONCA EMR president; Dr Oraib Alsmadi, WONCA EMR treasurer; Dr Tagreed Farhat, WONCA EMR board member.

The meeting began with a welcome from the WHO EMRO Regional Director to the WONCA delegate and introductions. Dr Tarawneh conveyed Prof Amanda Howe greetings and expressed gratitude for the continuous WHO

support to the region and for the close collaboration between both partners, WHO EMRO and WONCA EMR,

The agenda of the meeting:

- WHO EMRO in collaboration with WONCA to co-edit the first book on family practice in the region "Family Practice in the Eastern Mediterranean region: Universal Health Coverage and quality Primary Care", which will

be launched in October 2018.

- Conduct national workshops to strengthen family medicine departments in 3-5 countries.
- To invite RD for WONCA EMR conference in 2018
- Support WONCA EMR with advocating and focusing on the family medicine specialty as clear path to reach Universal Health Coverage (UHC)
- Support WONCA EMR in conducting workshops for decision makers in some EMR countries to support family medicine programs, Group 2 (Lybia, Morocco, Tunisia, Iran and Palestine), and Group 3 (Afghanistan, Djibouti, Somalia, Pakistan, and Yemen)
- Expand online training for GPs to include all WONCA EMR countries,
- The ICPC classification and its importance for primary care data collection.

Areas of collaboration between both parties were discussed. Dr Hassan Salah mentioned that the first book to be edited on family medicine in the region was developed by both organizations and it will be launched in the 21st WONCA World conference in 2018, in South Korea. Prof Michael Kidd and Dr Hassan Salah are the lead editors, Prof Amanda Howe (WONCA president) and Dr Mahmoud Fikri (WHO Regional Director) will write the book's foreword. It is about 35 chapters, half of these chapters will be country focus chapters on developing family medicine / practice.

WONCA/ EMR Delegates emphasized the

family medicine specialty as a gate keeper into health systems and a backbone of PHC to achieve Universal Health Care. The challenges that face production and the shortages of family physicians in the EMRO countries, such as insufficient understanding at the level of decision makers in the EMRO countries about the importance of the specialty and how it can be one of keys to achieve Universal Health Care in the EMRO countries.

The RD mentioned that in the 63rd regional committee a resolution was made to support the family medicine specialty by scaling up family practice: progressing towards Universal Health Care, and he will continue to support WONCA EMR in this topic on every occasion when he meet Ministries of health in EMRO countries.

Dr Fikri emphasized the importance of approaching Academia to include family medicine residency program in their programs. The residency programs should be recognized as branch of specialization in the 22 countries and in some countries they have local board under umbrella of academia and others don't, and if there are no academic degrees the specialty will not move forward. The Arab Board have the division but is not yet mature, furthermore he focused on the importance of establishment of departments of FM in the universities that have medical schools in the EMRO countries.

The participants agreed about the importance of collaborative work among WHO & WONCA

to reorient towards Universal Health Care, and bring family medicine as a vehicle, conducting national workshops will help countries to develop national action plans to scale up family practice working in two parallel paths - the fast track and the long term plans taking into consideration, approaching universities and higher education ministries.

Agreements on both sides:

- Participation in the experts' consultation on family practice in EMR meeting, 12-13 December (sharing resolution, see guidelines, to plan better for future)
- Publishing "Family Practice in the Eastern Mediterranean Region: Universal Health Coverage and Quality Primary Care"
- RD preliminary approval to his attendance at WONCA EMR meeting, March 2018
- WONCA World to meet with Dr Tedros Adhanom to strengthen the global collaboration (in January or May 2018)
- Collaboration with WONCA EMR to conduct national workshops to strengthen the capacity of family medicine departments.
- WONCA EMR participation in ToT workshops on WHO online training of general practitioners in Family Medicine.
- ICPC information to be shared with the information department in WHO EMRO
- The coming Expert consultation on MNS in PHC EMRO 19-20 September,

Mohammed Tarawneh
WONCA EMR president

FIFTH
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Working Parties

Working Party on Women -recent activities



Kate Anteyi chair of the WONCA Working Party for Women & Family Medicine reports:

The WONCA Working Party for Women & Family Medicine (WWPWFM) was involved in various activities recently and the working party executive would like to share a summary report.

1. The 5th WWPWFM interim meeting held August 14 - 17, 2017 in Soweto, South Africa.

Our host was Prof. Shabir Moosa and the Chiawelo Health Center community - (*Shabir is centre front in group photo below*)

The theme of the interim meeting was: Women's health in primary care, the face of family medicine.

The participants were immersed in the Chiawelo community and got exposed to the community oriented primary care (COPC)



model of the Chiawelo health center.

There were oral presentations and workshops that focused on lifecycle transition and individual development plans, advocacy for women's health at primary care around the globe and developing leadership among young women doctors.

The outputs from the interim meeting include draft templates for advocacy for women's health at primary care and leadership development. The Gender Equity Standards (GES) documents were also endorsed as WWPWFM reference documents.



Photo : At the meeting (l to r), Aileen Espina (Philippines), Amanda Barnard (Australia), Temitope Ilori (Nigeria)- the WWP Africa lead, and Elizabeth Reji (South Africa) - the WWP South Africa liaison.

The WWPWFM executive will finalize work on the generic templates for advocacy for women's health at primary care and leadership development of women doctors. The generic templates will be piloted in regional conferences.

2. The first Dr. Atai Ann Deborah Omoruto's scholarship was awarded at the WONCA Africa region conference in Pretoria, South Africa, August 18, 2017.



The award recipients are:

1. Dr Lillian Mukisa, Uganda (left in photo)
2. Dr Olajumoke Ibrahim, Nigeria (right in photo)

The Dr. Atai's scholarship is a joint effort of WONCA executive, WWPWFM, and external donors. It aims to support African women doctors to its region and WONCA world conferences. Please donate to the scholarship fund and circulate among friends and associates.

3. WWPWFM Pre-conference at 2017 Wonca Africa conference, Pretoria, South Africa

The Africa leads of WWPWFM organized a pre-conference and a leadership workshop during the WONCA Africa region conference, August 18, 2017. The two sessions had huge attendance.

The draft generic template for advocacy for women's health at primary care was piloted. The leadership workshop focused on leading change.

4. Planning for WONCA World conference, Seoul 2018

The WWPWFM has commenced plans to have a robust presence at Seoul, 2018. The plan is to have women's track and a compelling pre-conference.



The executive will be sharing workshop topics soon for interested members to commit to facilitating. If you have workshop topics that you will want to facilitate, you can send it in, so we collate all and send in as joint women's track.

It is going to be an exciting one-year preparing for Seoul, October 2018. Please come share your ideas and tell your stories of the wonderful work we all do for our patients and communities, and the challenges we face.

Attached are some photos from the interim meeting, Dr. Atai's scholarship award, and WWPWFM pre-conference during the WONCA Africa region conference.

WWPWFM executive looks forward to a fruitful year to Seoul 2018.

Kate Anteyi
Chair, WWPWFM

[Join our working party](#)



WONCA Rural Africa (WoRA) launched

The launching of WONCA Rural Africa (WoRA) took place as scheduled during the 5th Joint WONCA Africa conference / South Africa Academy of Family Physicians in Pretoria, South Africa, on Friday 18th August 2017.

Delegates attended from 17 countries and the dignitaries and guests of honour that attended the occasion include:

- Prof Amanda Howe, WONCA President (pictured at right with local leaders) - Prof Ian Couper who was special guest of honour and represented the WONCA Working Party on Rural Practice and was the chief launcher.
- Dr Henry Lawson - president of WONCA Africa Region
- Prof Ndifreke Udonwa, member of council of WONCA Working Party on Rural Practice
- Dr Kate Anteyi, Chair, WONCA Working Party on Women
- Dr Joy Mugambi, president of AFRIwon young doctors' movement for Africa
- Dr Mattie Obazie, past president WONCA Africa region
- Dr Frank Ehijele Odafen, president of the Association of General and Private Medical Practitioners of Nigeria AGPMPN

Vision: improving health of rural Africans.

Membership: Shall be drawn from Member Organizations (MOs) in WONCA Africa Region, family physicians, general practitioners, young doctors in training and AFRIwon Renaissance.

Objectives include:

- > To represent Rural Family Drs within WONCA Africa Region.
- > To network and collaborate with organizations of rural doctors
- > To stimulate membership growth for WONCA Africa Region, AFRIwon Renaissance and WONCA Working Party on Women in particular, and WONCA in general.
- > To collaborate with organizations of rural doctors.

Committees of WoRA include:



- > Education
- > Communication
- > Networking / Exchange programs
- > Research
- > Telemedicine
- > Success Stories

Executive

- > Dr Dan Abubakar - Chair / Convener
- > Prof Ndifreke Udonwa - Co Convener

- > Dr Joy Mugambi - Secretary
- > Prof Sunanda Ray

Advisory Group

- > Prof Ian Couper
- > Dr John Wynn-Jones
- > Prof Victor Inem
- > Dr Henry Lawson

Activities:

- To strengthen the work of WoRA through committees.
- To hold a workshop during WONCA Rural Africa conference in New Delhi 2018.

Contact us:

Woncaruralafrica@gmail.com

Twitter : @rural_wonca

Dr Dan Abubakar, Chair



Working Party on Research Annual Report



Photo: The working party meets in RIO 2016

Prof Felicity Goodyear-Smith, chair of WONCA Working Party on Research provides the working party's Annual Report July 2016 to June 2017.

The WONCA Working Party on Research (WWPR) has been increasingly active in the past year, our membership is growing and a Google discussion group has been set up.

Books

Our book, *'International Perspectives on Primary Care Research'* (Editors WWPR Chair Felicity Goodyear-Smith & Bob Mash, 2016, CRC Press, pp. 255) was formally launched at the Rio meeting 2016, and we have signed an agreement with CRC Press for a second book, *'How to do Primary Care Research'*. Chapters have been commissioned, several have already been returned and a couple even finalised. It will be published in 2018.

Panels

The WWPR continues to run panels / workshops whereby different countries compare how their primary care is organised, using regional coordinators in the different WONCA regions. A template to prepare the slides is provided.

- In 2017 at the WONCA East Mediterranean Regional Conference in Abu Dhabi, Prof Chris van Weel led a session in which the health systems of Bahrein, Egypt, Lebanon, Qatar, Sudan and the United Arab Emirates were compared. A paper for publication has been prepared ('Primary Health Care Policy Implementation in the East Mediterranean region').

- A panel was also held with four countries (Ukraine, Romania, Macedonia and Finland)



at WONCA Europe Regional Conference in Prague in June, led by Prof Mehmet Ungan.

- Further workshops comparing systems in México, Republic of Dominicana, Argentina, Paraguay, Ecuador and Panamá (WONCA Iberoamericana-CIMF Regional Conference 2017, Lima, Peru, led by Lidia Caballero and

Jacqueline Ponzo) and Australia, Malaysia, Mongolia, Myanmar, Thailand and Vietnam (WONCA Asia Pacific Regional Conference 2017, Pattaya, Thailand, led by Ryuki Kassai), are scheduled for August and November respectively.

Research Capacity Building

Members of WWPR ran a workshop on scientific writing at the WONCA Europe Regional Conference in Prague, Czech Republic in July 2017, and a further one is planned for Thailand in November. A master set of slides on how to write (including sections on general tips and on preparing a paper for a peer-reviewed journal) is available for members running these workshops, as well as an interactive exercise on critiquing and correcting a poorly written abstract.

CARD

A member of the WWPR, Dr Ronny Gunnarsson from Queensland, Australia, has started the Collaborative Advantage Research Database (CARD). This database of research projects is open to all countries (currently predominantly Australia). It aims to facilitate collaboration by enabling researchers to find each other. It contains a simple form collecting basic information with only one registration required, even if multiple organisations are involved in a particular project. See

<https://au.researchweb.org/is/jcu/document/171661>.

Mental Health Matters - Annual Report Working Party on Mental Health



Christopher Dowrick, chair of the WONCA Working Party on Mental Health (WWPMH) reports on activities in 2016-17 for the Annual report (photo: the group meet in 2016)



Progress on 2016-18 Activity Plan

The aim of the working party is to enhance global equity of access to high quality primary mental health care.

Since November 2016, we have made substantial progress on our three broad objectives: to improve internal structures; to offer mental health guidance for WONCA members; and to provide global leadership on primary mental health care.

1. Improve WWPMH structures

- Our membership has expanded from 46 in October 2016 to over 120 currently. Our largest groupings are from Europe and Latin America.

- We now have representation across all WONCA regions and constituencies.

- We have elected Chair (Chris Dowrick), Vice-Chair (Christos Lionis), Secretary (Jill Benson) and Treasurer (Juan Mendive).

- Vice-chairs have been appointed for each of the seven WONCA regions: Joseph Ariba for Africa, Cindy Lam for Asia-Pacific, Abdullah al Khatami for Eastern Mediterranean, Christos Lionis for Europe, Raquel Vaz Cardoso for Ibero-America, Kim Griswold for North America, and Pramendra Prasad for South Asia. We also appointed Sonia-Roache Barker as vice-chair for the Caribbean sub-region.

- We have maintained specialist liaison with Sandra Fortes (Brazil) and Lucja Kolkiewicz (UK) and Brazil; and established liaison with WONCA Young Doctors (Ray Mendez, USA).

- Communication between WWPMH members has been enhanced by structured e-meetings for officers every 2-3 months, and by regular e-bulletins circulated to all members. We also arrange ad hoc working party meetings at regional WONCA conferences.

2. Offer mental health guidance for WONCA members

- We advise Executive and Council of issues relevant to primary mental health, for example on WHO primary health care policy for the Eastern Mediterranean region.

- We are encouraging primary mental health care input to all WONCA conferences. To date we have enabled participation in regional conferences in Cairns, Abu Dhabi and Europe, with plans in place for Lima, Pretoria and Pattaya.

- We are developing collaboration with other WPs and SIGs, including education, WICC, migrant care and non-communicable disease.

- We have created time-limited task groups to provide practical guidance for family doctors on topics identified as important by WWPMH members:

- First depression consultation (led by Bruce Arroll, NZ): our guidance was featured for World Family Doctor Day in May, and has already been translated into Arabic, Chinese and Portuguese. All are available on the WONCA website.
- Physical health care for people with severe mental illness (led by Alan Cohen, UK): our guidance and training materials were launched at WONCA Prague and are available on the WONCA website.
- Shared learning for primary mental health care (led by Helen Rodenburg, NZ): we have produced links to accessible online training materials which will soon be made available to WONCA members.
- Non-drug interventions for psycho-social distress (led by Weng Chin, Hong Kong); we will launch our guidance on this topic at the WONCA Asia-Pacific meeting in November.
- Core competencies for primary mental health care (led by Chris Dowrick).
- Management of medically unexplained symptoms (led by Tim olde Hartmann, Netherlands).
- Mental health care of migrants (led by Maria van den Muijsenberg, chair of Migrant Care SIG, with Chris Dowrick).
- Frailty, multi-morbidity and mental health (led by Christos Lionis, Greece).

3. Provide leadership on global primary mental health care

- We advocate for improved primary mental health care on behalf of family doctors and their patients, for example on the recent

breakdown of community care arrangements in South Africa, and on the need to address the adverse mental health effects of forced migration.

- We continue to offer expert advice and training through our international primary mental health care consultancy. Our Ibero-American team led by Raquel Vaz Cardoso and Sandra Fortes recently organised a second successful mhGAP training event in Rio, and plans another to coincide with WONCA Lima in August.
- We continue to promote external collaborations, including with WHO mhGAP, World Psychiatric Association, World Federation for Mental Health and European Association for Communication in Health Care. We have advised WHO on its Quality Rights policy initiative and are currently working with mhGAP (and WICC) on the primary care version of ICD-11's mental disorders classification. In October, WWPMH officers will participate in the mhGAP forum in Geneva and the WPA World Congress in Berlin.
- Next year we have agreed to work with the WHO mhGAP team in developing and disseminate an implementation manual for the integration of mental and behavioural health with primary care.

Working Party on Education Annual Report – July 2016 to June 2017

Prof Val Wass OBE, chair of the WONCA Working Party on Education (WWPE) provide the Annual Report of the working party for July 2016 to June 2017

“You must be the change you want to see in the world.” Mahatma Gandhi



1: Background

The WWPE functions as an open group with the aim of developing a vibrant, interactive

and supportive network of educationalists across the globe who will catalyse change. Many of our individual national challenges are mutual. Recruitment to, training for and retention of family doctors worldwide remains a major issue. We have identified an urgent need to join to address this. Without an appropriate workforce for primary care delivery, it is difficult to envisage delivery of the WONCA Rio statement calling for “all countries to increase the number of family doctors to achieve high quality comprehensive primary care and universal health coverage.” We have a responsibility to raise the status of family medicine as a career- and believe this is an urgent priority for WONCA to address.

2: New leadership

At the Rio conference where Professor Allyn Walsh handed over the baton of leadership to myself, Val Wass, after six years of most inspiring and effective leadership.

Photo: the Working Party meets in Rio.



3: Redefining our aims

2016-2018 strategy: In Rio we defined our strategic priority aims:

3:1 Raise the status of FM in the undergraduate (UG) curriculum: Lobby through WONCA to influence the UG curriculum to support the Singapore and Rio statements. We aim to (i) improve the status of the discipline (ii) attract the brightest and best into FM (iii) foster high Academic status for FM.

3:2 Programme accreditation: Continue to build on the published WONCA standards for PG and CPD education building a resource for WONCA to support programme accreditation. Work to promote PG training CPD for FM particularly for underserved areas.

3:3 Sharing resources: Develop processes for sharing education resources both within the Working Party and across the WONCA networks and for producing guideline documents applicable across the continuum of education.

4: Communication

Redefining the working group: It has taken some time to work through the mailing list to identify active versus non-active members of the WWPE. We currently stand at 99 active members from 45 countries. I am very grateful to Karen Flegg for her help in improving access to the website and enabling regular updates. The plan is to now attempt an active google chat group while at the same time circulating 4-6 updates per year to the full circulation list. Whether an executive group over and above the open group is necessary remains undetermined.

5: Progress against strategic aims

5:1 Raise the status of FM in the UG curriculum: Building on a workshop held at Rio 2016, two further workshops have been

held at the WONCA rural conference in Cairns (focused on social accountability) and at WONCA Europe in Prague. There is undoubtedly strong interest in improving the status of family medicine in the UG curriculum globally. The workshop in Prague in June concluded with the following actions:

- 1: We need to lobby and impress specialist power brokers who influence the curriculum.
- 2: All medical schools should establish/improve /strengthen a Department of General Practice.
- 3: Family medicine needs to be represented in some way in every year of the UG curriculum. It can be a problem if only introduced late in the curriculum; start early and increase exposure.
- 4: We need to gain territory from other specialities and the influence they have on students

A further workshop has been submitted to the Asia Pacific conference in November after which a decision needs to be made on how to take this work forward. A symposium at WONCA World 2018 might focus thought.

The group also proposes and is working to involve medical students more in WONCA to promote Family Medicine as a career pathway and actively engage young doctors in the WWPE.

5:2 Programme accreditation: The CPD standards were approved at the World Council in Rio. Allyn Walsh and Victor Ng have kindly agreed to continue to work on standards. We plan a CPD workshop for the WONCA Asia Specific conference and a leading article for Education for Primary Care on CPD standards. The standards undoubtedly provide an excellent platform on which WONCA can build accreditation and quality assurance of

education programmes worldwide.

5:3 Sharing resources:

5:3:1 The journal *Education for Primary Care* produced a special WONCA issue in September 2016 which was well received. Several actions to widen access to the journal have been approved: (i) Taylor and Francis agree to support a third non-UK deputy editor; Ian Wilson in Australia was appointed to this role. (ii) Access to the journal is now available in Australian Universities. (iii) A series of six articles on training for patient safety is now free access (iv) We have negotiated a free access for one month to one article per issue which have been advertised in the WONCA news and widely accessed. We plan, with the SIG on migrant care, a series on training for dealing with migrants in 2018.

5:3:2 Workshops sponsored by WWPE have been held in 2017 at the WONCA World

Rural Health Conference (Cairns) and WONCA Europe (Prague) and have been submitted for Asia-Pacific (Pattaya). We are focusing educationally on formative assessment in the workplace and plan to produce a guide to assessment as a WONCA resource.

I thank the President, Chief Executive and the Executive Committee for their ongoing support which is much appreciated and Karen Flegg for her unstinting help with the website and news dissemination.

Annual reports provide an excellent opportunity to reflect and 2018 must be the opportunity to produce a WONCA strategy for engaging with medical students and medical schools globally to promote careers in Family Medicine. "We must be the change we want to see in the world."

Member Organization News

Register for the Besroul Forum on Nov 7th, 2017

The Besroul Centre is a hub of international collaboration dedicated to advancing family medicine as a pathway to health equity. Our vision is to lead the way in creating a world where no one is left behind when it comes to accessing quality primary care. We seek meaningful global impact through transformative partnerships, research and quality improvement, and medical education and training.

Family medicine champions and stakeholders from Canada and over 20 countries gather at the annual Besroul Forum to share, debate, and co-create ideas for advancing family medicine and primary care for all.

We welcome WONCA members from all regions of the world to join us for the 6th annual Besroul Forum on Tue Nov 7th, 2017 in Montreal, Canada! This year's theme is Leading the way to Universal Health Coverage through Family Medicine: Skills for Success.

This year's theme builds upon our collective discussions at WONCA World Conference in Rio de Janeiro, where the Besroul Centre and WONCA community came together to discuss collaborative changes to global family medicine. Delegates will advance their research and quality improvement skills through action-focused workshops, explore the ethics of international partnerships, identify the most important unanswered research priorities for the global family medicine community, engage in dialogue around continued professional development, and much more.

The Besroul Forum will be running alongside the College of Family Physicians of Canada (CFPC) Family Medicine Forum, Wed Nov 8 – Sat Nov 11, 2017, Canada's largest and premier family medicine conference.

For more information about the Besroul Forum and related workshops planned for Family Medicine Forum 2017, visit [Besroul Centre Forum 2017](#). [Register Today!](#)

To learn more about the Besroul Centre, please visit: http://www.cfpc.ca/The_Besroul_Centre/

Award to Donald Li, President elect



Congratulations to our President-Elect, Dr Donald Li, who has been awarded the *Silver Magnolia Award* by the City of Shanghai, in recognition of his work in promoting and enhancing general practice in the city. (photo: Donald above receiving the award.)

Throughout the past 20 years, Dr Li has spent time teaching family doctors, advising government on strategy to train family doctors, provide incentives and recognition to attract doctors to go into primary care in Shanghai and many places in mainland China. Dr Li was instrumental in assisting the Zhongshan Hospital Family Medicine Training centre of Fudan University to achieve standards to become accredited by WONCA Working Party on Education.

Named after the city flower, the Magnolia Award was set up by the Shanghai Municipality in 1989 to recognise the contribution of outstanding international friends to Shanghai's development and international exchange. This year there were 50 award-winners from 18 countries – people who make Shanghai their second home and

who actively promote cooperation between Shanghai and the rest of the world in many fields, contributing their wisdom and hard work to the city's sustained development.



Photo shows the medal

Dr Li's citation, signed by the Director General of the Foreign Affairs Office of Shanghai Municipal People's Government, reads: "The Magnolia Silver Award is conferred on Mr Kwok Tung Donald Li in appreciation of your valuable support to Shanghai's development and outstanding contributions to our friendly cooperation"



Photo: Donald and his wife Fiona (centre) and senior leaders of Zhongshan hospital and Fudan university



Resources

WHO updates its Patient Safety website

In the largest overhaul to the website in over a decade, the new site provides an intuitive and informational user experience, allowing experts and the public alike to explore resources and WHO initiatives concerning patient safety and risk management. The new website has been updated to be in line with the organisational vision, and will serve as an invaluable resource in moving forward the patient safety agenda globally.

It includes the most recent WHO initiatives and resources in patient safety, all of which are easily found through a clear and simple navigation system. A navigation pane on the left of the page allows for quick access to important content areas, ranging from policies and strategies to education and training to patient engagement. This page also includes a 'Highlights' section where recent key activities are outlined, providing easy access to information on the latest WHO global initiatives in patient safety.



[Patient safety site](#)

The 'Publications' page includes a library of all WHO patient safety publications all accessible from one page, separated into topic areas and chronological order.

[Publications page](#)
[Topics page](#)

Over the coming months, webpages in different WHO official languages are expected to be reviewed.

PEARLS loaded this month.

PEARLS - Practical Evidence About Real Life Situations

These are brief (minimalistic summaries) of Cochrane Primary care systematic reviews with the answer in the title (so you only read the ones you like).

The following have just been added to the website

- 520 Mixed evidence on interventions for improving outcomes in patients with multimorbidity
- 519 Limited benefit from non-steroidal anti-inflammatory drugs for chronic low back pain
- 518 Limited evidence for benefits of interventions to reduce sitting at work
- 517 Skin grafting and tissue replacement effective for diabetic foot ulcers
- 516 Legislative smoking bans improve health outcomes
- 515 Over-the-counter artificial tears effective for dry eye syndrome
- 514 Therapist-supported internet CBT effective for adult anxiety disorders
- 513 Limited evidence for effectiveness of home-based end-of-life care
- 512 Topical steroids effective for scalp psoriasis
- 511 Herpes zoster vaccine effective in older adults

[See all PEARLS](#)

Featured Doctor

Adj Prof Jacqueline PONZO

Uruguay -Iberoamericana Pres-elect

Jacqueline Ponzo, from Uruguay, is the President Elect of WONCA Iberoamericana-CIMF region and will take over as president in November 2018.



What work do you do?

I am Adjunct Professor of Family and Community Medicine at the Faculty of Medicine of the University of the Republic (UDELAR), in Uruguay. In this role, I have coordinated the East Canelones Teaching Assistance Unit since its foundation (the university decentralization project and the interaction of the health system in local development processes).

I am also in charge of the residency program in Family and Community Medicine (FMC) in Uruguay, responsible for the courses of Methodology of Research and Epidemiology, for postgraduate FCM. I integrates the Health and Environment Group into the practice of Family and Community Medicine.

I am a researcher and have promoted both the development of research in the community space, and the training of young researchers. This has allowed the emergence of a Research Area in the Department of Family and Community Medicine of UDELAR.

I have been in regular clinical practice in the rural locality of Migueles for 20 years, since being in residency there.

Other interesting things you have done?

Interestingly, I am one of four members of the first group of residents of FMC in Uruguay (1997-2000), and as such was founder and first president of the Association of Residents and Postgraduates (ARPMEFYCU). I participated actively in the process that gave rise to the current Uruguayan Society of Family and Community Medicine (SUMEFAC).

Recently, I was elected to be president of

WONCA Iberoamericana-CIMF region for the period 2018-2020. I was a member of the Board of Directors of CIMF (2012-2016) and president of the 4th Ibero-American Congress of Family and Community Medicine that took place in Montevideo in March 2015, with 1,600 participants from 26 countries. We held this conference without support from the pharmaceutical industry. Since 2014, I have been coordinator of the Ibero-American Research Network in Family Medicine (IBIMEFA).

I hold a Master's Degree in Epidemiology from the Universidad de la República (Uruguay) and am currently completing a doctorate in Collective Health, Environment and Society at Universidad Andina Simón Bolívar (Ecuador).

I have also held management positions since 2001, at governmental and university levels, in the departmental, national and international space: positions such as Director of Residents of FCM (2001-2003), Director of Environmental and Occupational Health of the Ministry of Public Health (2003- 2005), Director of Health Promotion in the Departmental Government of Canelones (2005-2010), Counselor of Faculty elected by the Order Graduates (2010-2011), Coordinator of the Academic Committee of Primary Health Care of the Association of Public Universities of Southern Cone (AUGM) (2010 to 2016).

What is it like to be a family doctor in your country?

The FCM in Uruguay is a specialty in full development with possibilities for personal and professional fulfillment. Family Medicine residency training has existed for twenty years and the number of family medicine specialists is approximately 500. Our presence in the health system is still scarce but is continuously improving.

It is possible to work in the National Integrated

Health System (NIHS); or in clinical / community activity with or without teaching activity; or in the University where clinical, community, educational and academic activity is also carried out. Many family doctors have like me, also assumed management positions at different levels of the NHIS. However, vacancies remain in the Residency program.

It seems necessary to continue looking for improvements in remuneration and working conditions to make the specialty more attractive to the younger generation.

Medical training, and FCM training in particular, is dispersed throughout Uruguay, and many young specialists choose to settle outside Montevideo in urban or rural areas, as favoured by university decentralization which has been consolidated in the last 10 years.

What are your interests outside work?

I was a mother when I was still a student and now my three children are young adults. I live in Montevideo (and in the last two years also partially in Quito, Ecuador) but my place of belonging is the Department of Canelones, where I was born, work and have lived most of my life. I like to share free time with friends and loved ones, nature, small towns, popular markets, cycling, good wine, art in general, and cinema and poetry, in particular.

➤ **Español página 37**

Prof Thomas MEOÑO MARTIN Costa Rica -CEO elect Iberoamericana

Thomas Meño Martin of Costa Rica is the CEO elect of the Iberoamericana region.

What work do you do now?

Since December 2014 I have been the President of the Association of Specialists in Family and Community Medicine in Costa Rica (medfamcom); where with the support of the other members of the Board, we carry out a continuous process of strengthening the specialty in all areas.

I'm also the Director of the School of Medicine of the Autonomous University of Central America (U.A.C.A. for its acronym in Spanish) and a Family and Community Physician in the Primary Care Setting in Cartago, the third province of Costa Rica.

I worked as a general practitioner for seven years before joining the Family and Community Medicine specialty (four years of



academic training), which I have performed in different scenarios during the last five years.

Actually, as a family doctor I am in charge of the continuing medical education of general practitioners; I am part of the support team of the Health Area, where I participate in the decision making based on the health indicators of the region; filter references from the 21 EBAIS (Basic Primary Care Teams) that constitute the area on cases of patients who might require attention by other specialists in the second or

third level of attention, otherwise I offer them guidance for resolution of the situation that gave rise to the reference; and, coordinate the home visit to bedridden patients who cannot move to receive medical care in hospitals. I am also the local cancer liaison, with responsibilities ranging from the coordination of preventive programs to monitoring the management of malignant pathologies by general practitioners.

In the academic setting, I am the head of decision-making in medical curriculum, student progress, clinical fields where they

perform their rotations, teacher performance, inclusion of new technologies, national and international projection of the career; and, the financial aspects to successfully carry out the annual activities of the school.

Other interesting things you have done?

I participated in the National Commission on Chronic Non-communicable Diseases, and I was part of the CCSS Cancer Technical Coordination for three years as an adviser on breast cancer issues, especially in relation to early detection strategies and timely approach to patients diagnosed with the disease.

I am a Certified Diabetes Educator, which has allowed me to work directly with patient associations, provide education to general practitioners and share with other specialists in the subject regarding the adequate approach of patients, based on the national reality.

I was also professor of the courses of Anatomy, Embryology, Physiology, Pathophysiology and Semiology; in the School of Medicine of the UACA since 2003.

What is it like to be a young family doctor in Costa Rica?

Being a family doctor in Costa Rica is a continuous challenge, the specialty in general has not been much supported by health institutions; however, in recent years we have seen a change, we are valued by the high and cost-effective resolution capacity.

The new generations of family physicians find fertile ground to develop their skills, increasing support from their headquarters and co-workers.

Working conditions are good and can easily be located at any of the three levels of public care, and even in private ones.

We are few specialists trained for the real need that the country has, only about 10 to 12

residents per year enter the specialty and we have only one formal training program in the whole country.

As a young family doctors, we must deal battles to obtain the respect and the confidence of the other specialists, who over time have learned to see the Family Doctor as an ally in the effective management of medical care.

There is so much to learn and much to do to achieve in the positioning of the specialty, however we are sure to get consolidated spaces where we will develop projects that impact individual and community health.

What are your interests outside work?

I like to read modern novels, classic films, good red wine and I am passionate about traveling and getting to know other cultures, their customs and their ways of preparing food.

I love interpersonal relationships and their manifestations in different cultures, the importance of the family as a vital support.

Social networks have become my instrument of communication on medical issues as well as personal and social development, and as a way of understanding the new generations.

Respect for diversity and equity are my banners; transparency, loyalty, cooperation and selfless love of neighbor are my reasons for being.

My family and my partner are the engine that makes each day wonderful and full, with its challenges and rewards; get up every day hoping for a better tomorrow comforted me and allows me to visualize the way in which I can continue working for a better health care in general.

➤ **Español página 38**

WONCA CONFERENCES 2017

November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	www.woncaaprc2017
November 25-26, 2017	WONCA South Asia region conference	Kathmandu, NEPAL	www.gpansarwoncaconference.org.np

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WONCA CONFERENCES 2018

January 27-28, 2018	Vasco da Gama forum	Porto, PORTUGAL	vdgm.woncaeurope.org/5vdgmf
March 1-3, 2018	WONCA East Mediterranean region congress	Kuwait	woncaemr2018.com
March 13-14, 2018	VII Cumbre Iberoamericana de Medicina Familiar	Cali COLOMBIA	Save the dates.
April 27-29, 2018	WONCA World Rural health conference	New Delhi, INDIA	www.wrhc2018.com
May 24-27, 2018	WONCA Europe region conference	Krakow, POLAND	www.woncaeurope2018.com
October 17-21, 2018	WONCA World conference	Seoul, SOUTH KOREA	www.wonca2018.com/

WONCA ENDORSED EVENTS

02 Nov - 05 Nov 2017 **World Federation for Mental Health congress**
New Delhi, India

MEMBER ORGANIZATION EVENTS

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

12 Oct **RCGP annual primary care conference**
- 14 Oct Liverpool, United Kingdom
2017

19 Oct **XIX Chilean Family Medicine Annual**
- 21 Oct **Conference**
2017 Valdivia, Chile

26 Oct **RACGP GP17**
- 28 Oct Sydney, Australia
2017

02 Nov **EURIPA Rural Health Forum**
- 04 Nov Crete, Greece
2017

02 Nov **7th EURIPA Rural Health forum**
- 04 Nov 7th EURIPA Rural Health forum
2017

08 Nov **Family Medicine Forum / Forum en**
- 11 Nov **médecine familiale**
2017 Montreal, Canada

05 Apr **Congress of General Practice France**
- 07 Apr Paris, France
2018

Español

De la Presidenta: octubre 2017

Uno de los privilegios más maravillosos de estar en esta posición como Presidenta de WONCA es el de poder conocer a muchos colegas en todo el mundo que están comprometidos con la Medicina de Familia y sus especialistas en todos los estadios y ámbitos.

África

El exitoso Congreso de WONCA África se celebró en Pretoria, en esta región tan llena de desafíos, y se hicieron presentaciones de países como Malawi y Etiopía que se encuentran en los primeros estadios de desarrollo de la Medicina de Familia. Con el liderazgo del Ejecutivo de WONCA África, y también con el liderazgo fundamental de nuestro Presidente Regional, el Doctor Henry Lawson, y con algunos de nuestros Grupos de Trabajo y Grupos de Interés Especial (SIGs), se hicieron contribuciones realmente importantes. En Sud-África presentamos la sección de WONCA África Rural (WoRA), y el Grupo de Trabajo de WONCA de la Mujer y Medicina de Familia (WWPWFM) concedió las primeras becas [Atai Omoroto](#) en recuerdo a nuestro amado Atai, un momento que su hija Dorothy quiso compartir con nosotros en la ceremonia de entrega de los premios.

Aquellos miembros que quieran apoyar a las médicas y los médicos de familia de África para poder dar respuesta a los futuros encuentros de WONCA África pueden hacer una donación a través de un link en la web. Queda mucho trabajo por hacer, y tanto desde las otras regiones de WONCA como desde las organizaciones miembro que quieran apoyar África, es posible contactar con Henry Lawson y otros colegas para recibir consejos e indicaciones acerca de cómo pueden ayudar para mejorar la situación en la zona. PresidentAFRICA@wonca.net



Hong Kong

Tras el Congreso de África, estuvimos en Hong Kong, donde nos unimos a una de nuestras mayores y más antiguas organizaciones, celebrando su 48º aniversario. Nuestro Presidente Electo, el Doctor Donald Li, hizo una presentación excelente (¡el Ejecutivo actual está formado por un grupo de personas con mucho talento!). Fue fantástico poder conocer a los representantes de China a los que se les está ayudando en las primeras fases de la implementación de la Medicina de Familia, y también ver a unidades clínicas y académicas que están trabajando conjuntamente para fortalecer la Atención Primaria en la región. A pesar de eso, hay bastantes cuestiones significativas relativas a los paquetes de financiación que intensifican el “consumo



médico” y la asistencia basada en la hospitalaria, y en los puntos en los que la sobremedicación puede estar en riesgo – en la parte opuesta del espectro nos encontramos los servicios infrafinanciados y mínimos en muchas partes de África.

Estados Unidos

Todo esto fue construido conjuntamente con la valiosa colaboración del Presidente de la Región de WONCA de Norte América, el Doctor Ruth Wilson. La Academia Americana de Médicos de Familia (AAFP) está integrada con 129.000 miembros, y todos los estados estuvieron representados en la conferencia, igual que los colegas de Canadá y el Caribe. Las tres prioridades que se perseguían en el encuentro eran las de reducir el peso burocrático, y un apoyo mayor a los médicos y médicas de familia en su contribución diaria. Los Estados Unidos tiene uno de los sistemas más fragmentados y complejos en el mundo, con muchos ciudadanos que no tienen acceso a la asistencia sanitaria, a pesar de ser uno de los países más ricos del mundo, pero la concienciación social la y obligación moral con una asistencia sanitaria equitativa en el encuentro fueron altamente admiradas para que se proceda a abordarla utilizando las opciones actuales.

¿Y después?

Mis siguientes destinos son Líbano, París y después Washington – los últimos encuentros tanto para la necesidad continuada a la hora de definir las formas justas y para una Atención Primaria robusta y efectiva. Hay un cierto número de expertos académicos en Medicina de Familia que están implicados en esta “industria”, ahí donde vemos que existen

riesgos para nuestra Comunidad cuando nuestra contribución no se ha podido hacer de forma más visible. En el último artículo de Fragmentos de Política y en buena parte de los esfuerzos del Grupo de Trabajo de Investigación de WONCA, se examina qué papel podemos llevar a cabo nosotros para enfrentarnos a esta situación, pero también estamos intentando dar la garantía de que los gestores públicos entienden lo que hacemos y qué datos son accesibles para todo el mundo para poder ser contabilizados (¡tal y como discutimos en el encuentro AAFP!).



En estos momentos también me estoy preparando para un encuentro “live” en octubre de nuestro Ejecutivo, en Bangkok, con el Congreso de Asia Pacífico como tema destacado; trabajar en otras aventuras de WONCA; y también poder sentir el gran sufrimiento que en estos momentos se ha extendido por el mundo mientras escuchamos las consecuencias que han tenido los huracanes y los terremotos en América, así como las inestabilidades políticas.

Creo que compartimos una gran causa para estar esperanzados gracias al magnífico trabajo de nuestras organizaciones miembro en todo el mundo – ¡que este compromiso nos mantenga firmes!.

Amanda Howe
WONCA President

Fragmentos de política – los principios compartidos de la Atención Primaria

El mensaje

Sabemos de la importancia de la Atención Primaria como forma de actuar clave en un sistema sanitario con un buen funcionamiento. A pesar de eso, los términos que a menudo utilizan la Atención Primaria y la asistencia sanitaria de la Atención Primaria no se utilizan en todo su potencial, y hay una necesidad para definir y caracterizar qué es lo que podemos considerar como una buena

Atención Primaria. Aquí hay ocho principios de la Atención Primaria que recientemente se han enviado a muchas organizaciones médicas de Atención Primaria y Medicina de Familia en Norte América para su consideración.

1. Centrada en la Persona y en la Familia

· La Atención Primaria está centrada en el global de la persona, en su bienestar físico, emocional, psicológico y espiritual, así como

en las necesidades culturales, lingüísticas y sociales de su comunidad.

- La Atención Primaria se basa en la colaboración y el beneficio mutuo entre profesionales sanitarios, los individuos, familias y miembros de un equipo sanitario equitativo y ofrece una asistencia sanitaria personalizada en la fortaleza individual y familiar que tenga en cuenta las preferencias, los valores, los objetivos y las experiencias de las estrategias utilizadas como la planificación en la toma de decisiones compartidas.
- Las personas a nivel individual tienen la capacidad de determinar de qué forma sus familias y compañeros de asistencia pueden sentirse involucrados en la toma de decisiones.
- La Atención Primaria da oportunidades a la gente y sus familias con el fin de dar forma al diseño, operación, evaluación y asistencia sanitaria.

2. Atención Continuada

- Una atención dinámica, que dé confianza, que respete a las personas y establezca relaciones duraderas entre ellas, sus familias y los miembros de los equipos sanitarios, estos son los elementos distintivos de la Atención Primaria. Existe una continuidad en las relaciones y en el conocimiento de los individuos y sus compañeros de asistencia familiar que ofrece la perspectiva y el contexto en de todos los estadios de la vida incluyendo el final de la asistencia vital.

3. Comprensiva y Equitativa

- La Atención Primaria ofrece al conjunto de las personas servicios de salud apropiados, apoyando la asistencia necesaria para casos de salud crónica y preventiva, salud conductual y salud mental, salud oral, promoción de la salud, además de otros elementos. Los diferentes tipos de prácticas de la Atención Primaria decidirán cómo ofrecer estos servicios por parte de sus profesionales médicos y/o en colaboración con otros profesionales fuera de esa práctica clínica.
- Los proveedores sanitarios y de Atención Primaria acompañan el impacto que tienen determinantes sociales de salud y sus inequidades sociales. Dar asistencia con condiciones acordadas.
- La práctica clínica en Atención Primaria colabora con las organizaciones que trabajan con nosotros en la asistencia basada en la Comunidad para promover la salud de la población y la igualdad, y también hace que

las inequidades sean más visibles, y ayuda a identificar las mejores vías para llegar a una solución.

4. Basada en el trabajo colaborativo en equipo

- Los equipos interdisciplinarios, también a nivel personal, individual y de sus familias, trabajan dinámicamente y de forma colaborativa hacia un objetivo común. Los servicios que éstos ofrecen y la forma coordinada mediante la cual trabajan juntos de forma sinérgica persiguen lograr ir hacia una mejor salud.
- Los miembros profesionales de asistencia sanitaria del equipo han sido formados para trabajar conjuntamente y aprovechar así el máximo de sus habilidades, siguiendo roles de responsabilidad muy claros y definidos. También han sido formados en habilidades de liderazgo, así como la forma mediante la cual compartir con las personas y sus familias, basándose en sus prioridades y necesidades.

5. Coordinada e Integrada

- La Atención Primaria integra las actividades de todos aquellos que participan en una asistencia individual en todos los marcos y servicios.
- La Atención Primaria comunica de forma proactiva a través del espectro de asistencia y sus colaboradores, incluyendo los individuos y sus familias/compañeros en la asistencia.
- La Atención Primaria ayuda a los individuos y a las familias/compañeros asistenciales a seguir las guías y las recomendaciones que han recibido por parte de otros profesionales clínicos y profesionales, incluyendo el hecho de apoyar y respetar todos aquellos que quieren facilitar su propia coordinación asistencial.
- La Atención Primaria se encuentra activamente comprometida con las transiciones de asistencia para conseguir una salud mejor y una asistencia continuada durante toda la vida.

6. Accesible

- La Atención Primaria es fácilmente accesible, tanto a nivel de la persona como a nivel virtual para todas las personas más allá de las barreras lingüísticas, culturales, socioeconómicas, cognitivas o físicas. Como primera fuente de asistencia, los profesionales sanitarios y el personal se encuentran disponibles en cualquier momento, en

cualquier lugar y en cualquier situación en que las familias o las personas les necesitan.

- La Atención Primaria facilita el acceso a un extenso sistema sanitario, funcionando como la puerta hacia una asistencia de gran valor y recursos comunitarios.

- La Atención Primaria ofrece a todas las personas un acceso y fácil a su información sanitaria.

7. Gran Valor

- La Atención Primaria consigue beneficios excelentes, y grandes logros en la equidad para los individuos y sus familias, también en lo que respecta al uso de los recursos dedicados a la asistencia sanitaria entre los pacientes, que son aquellos que pagan, y el sistema.

- Las prácticas en Atención Primaria ofrecen experiencias positivas excepcionales para los individuos, familias, personal médico y profesionales clínicos.

La imagen que resume estos Principios Compartidos de Atención Primaria dará como resultado unos beneficios excelentes para toda la gente a nivel individual y sus familias, y para carreras más satisfactorias y sostenidas para profesionales clínicos y el personal sanitario. Esta es una previsión en forma de aspiración, pero es alcanzable cuando las partes interesadas trabajan conjuntamente.

¿Cuál fue el contexto que hizo redactar este documento?

Estos principios tienen el apoyo de la Región de WONCA de Norte América. Fueron desarrolladas con el liderazgo de la Medicina de Familia para la Salud de América y por parte de la Colaboración en la Atención Primaria de los Estados Unidos. Más de 100 organizaciones de Atención Primaria trabajaron en la reiteración de estos Principios Compartidos. La Academia Americana de Médicos de Familia, la mayor organización de la Región de Norte América, ha jugado un papel clave en el desarrollo. La Presidenta de WONCA, la Profesora Amanda Howe, muestra su agradecimiento a la Doctora Ruth Wilson para sacar todo eso adelante, y estamos

seguros de que van a ayudar a los miembros para ayudar a definir y mejorar la Atención Primaria en sus propios territorios.

¿Por qué esto es importante para los pacientes?

Los países con sistemas de Atención Primaria fuertes consiguen mejores resultados para los pacientes y la población a unos costes más bajos. Un sistema sanitario con una Atención Primaria accesible y de calidad es mejor para los pacientes.

¿Qué deben hacer los Médicos de Familia para implementarlo?

El papel de los médicos de familia a la hora de articular y promover las soluciones de los problemas que puedan haber en Atención Primaria es clave. Los médicos de familia están comprometidos con la relación entre el paciente y el médico; Ellos están al servicio de una población de pacientes delimitada y tienen como objetivo mejorar la salud de sus comunidades, así como sus individuos. Los líderes de la Medicina de Familia han de continuar trabajando para asegurarse de que la Medicina de Familia se adhiere a los principios subrayados más arriba, mientras seguimos liderando nuestro papel clave en la provisión de una Atención Primaria de alta calidad.



Animamos a las organizaciones que lo deseen a que suscriban su apoyo a estos principios [aquí](#):

Ruth Wilson, Presidenta de WONCA North America (foto)

Amanda Howe, Presidenta de WONCA

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

13 Mar

- 14 Mar

2018

VII Cumbre Iberoamericana de Medicina Familiar
Cali, Colombia

Fragmentos de política. La financiación de la Asistencia Sanitaria en Atención Primaria: un porcentaje del gasto asistencial en sanidad

Este mes los autores invitados que han redactado el artículo de fragmentos de política provienen del Comité Americano de Medicina de Familia y del Centro Robert Graham de Estados Unidos. El Comité Americano de Medicina de Familia (ABFM por sus siglas en inglés) es el comité nacional responsable de la certificación de cerca de 90.000 médicos de familia. El Centro Graham es un centro de investigación cuya voluntad es la de mejorar la asistencia sanitaria individual y de la población mediante la generación o la síntesis de la evidencia que ofrece una perspectiva de la Medicina de Familia y la Atención Primaria para influir en las deliberaciones políticas tanto a nivel local como internacional. Ambas organizaciones colaboran frecuentemente en la realización investigaciones para dotar de contenido a la Atención Primaria, así como la salud de la población y la política sanitaria.

El Documento

La Atención Primaria como Fundamento para el Fortalecimiento de los Sistemas de Salud en los países en vías de desarrollo (1). ¿Es adecuada la asistencia sanitaria en Atención Primaria a la hora de garantizar el acceso a la salud, ofrecer protección contra un gasto excesivo y asegurar un uso equitativo de los recursos?

[>Enlace al documento](#)

El mensaje

El Banco Mundial, la Organización Mundial de la Salud, y la Fundación Gates han liderado un esfuerzo llamado la Iniciativa para la Acción en Atención Primaria (PHCPI) para catalizar las mejoras en la Asistencia Sanitaria en Atención Primaria. Mientras se están identificando a los países con ingresos bajos y medios, el PHCPI también está intentando apoyar las mismas iniciativas que se aplican en los países desarrollados.

Entre las 25 medidas iniciales, o “Signos Vitales”, uno de los focos en desarrollo es el que tiene relación con la financiación de la Atención Primaria. Una de las medidas con las que los desarrolladores están trabajando

es la relación entre la inversión en Atención Primaria y la eficiencia. En cooperación con la Organización para la Cooperación Económica y el Desarrollo (Organization for Economic Cooperation and Development, OECD), los investigadores y economistas están intentando evaluar la parte de inversión correspondiente a la Atención Primaria. Hay quien ha sugerido que un porcentaje recomendable de inversión es de entre 10% y un 12% del total del gasto en Asistencia Sanitaria. (2)

No todos los países de la OECD han recogido suficientes datos como para lograr realizar este esfuerzo de inversión, pero un análisis más cercano del recuento de expertos en datos de salud nacional correspondientes a la inversión en Atención Primaria y eficiencia, sugiere que los porcentajes van desde un 5% (Canadá) hasta cerca de un 15% (Australia, México). Una iniciativa parecida en Estados Unidos, llevada a cabo por parte del Milbank Memorial Fund y dirigida por el RAND, ha demostrado que las aseguradoras privadas, de media, gastan un 7,7% en Atención Primaria, pero este es un índice que puede variar considerablemente. (3) Ambos esfuerzos inversores parece que van a seguir mejorando los datos que recogen en sus cálculos, pero también es poco probable que sirvan para mostrar el contexto en el que la mayoría de la gente recibe asistencia sanitaria – y el contexto en el que la forma de actuar a menudo dicta los costes corrientes – desgraciadamente, hay que decir que la Atención Primaria se encuentra infrafinanciada en la mayoría de países, en comparación con otros ámbitos de la asistencia sanitaria. Esta puede ser una de las cuestiones que causen más controversia, al mismo tiempo que puede generar mayores oportunidades para sacar adelante el proyecto Vital Signs.

- ¿Cuál fue el contexto que os llevó a realizar este estudio?

El reconocimiento creciente de la que la Atención Primaria se encuentra en general infrafinanciada para conseguir los beneficios que la gran mayoría de los sistemas sanitarios quieren para su población. Estos estudios

ofrecerán una primera oportunidad para empezar a establecer una relación entre las inversiones en el sistema de salud y las fluctuaciones en los beneficios de cada país.

· ¿Cómo puede interesar esta cuestión a los pacientes?

Una Atención Primaria funcionando a gran intensidad por lo general mejora la salud del paciente y hace que los costes sean más asequibles. El exceso de énfasis y de inversiones en los servicios de asistencia sanitaria subespecializada y las tecnologías es una tendencia en los países desarrollados.

· ¿Que deberían hacer los Médicos de Familia / líderes de la Medicina de Familia para implementarlo?

El PHCPI Vital Signs debería ser aplicada a lo largo de todos los países y los líderes de los médicos de familia y de la Medicina de familia deberían prestar una buena atención. Invertir en modelos con una oferta sanitaria basada en la Atención Primaria significa una investigación mejorada en relación entre la inversión y los beneficios, particularmente en aquellas inversiones que pueden explicar las variaciones de inversiones. Esto ofrecerá una evidencia añadida que podría dar un apoyo mejorado a las inversiones en Atención Primaria, así como los servicios de alta efectividad donde invertir los recursos.

Los Autores

Robert Phillips MD MSPH y Andrew Bazemore MD MPH

Robert Phillips es el Vicepresidente para la Investigación & Política por parte del Comité Americano de Medicina de Familia. Se licenció en la Universidad Ciencia y Tecnología de Missouri y el Colegio de Medicina de la Universidad de Florida. Completó su formación en Medicina de Familia y dos años en investigación en la comunidad sanitaria en la Universidad de Missouri. El Doctor Phillips fue director del Centro Robert Graham entre 2004 y 2012. Fue vicepresidente del Comité de Estados Unidos de Educación Médica de Estados Unidos, y actualmente trabaja para el Comité Nacional de Estadística Vital y de Salud.

El Doctor Phillips es Catedrático en los departamentos de Medicina de Familia de la Universidades de la Commonwealth de Georgetown y Virginia. Participó en el Programa de BEcas Fulbright de la Especialidad en Holanda y Nueva Zelanda, y es un miembro de la Academia Nacional de Medicina.

Andrew Bazemore es un médico de familia en activo y el actual Director del Centro de Estudios Políticos Robert Graham en Washington DC. El Doctor Bazemore ha sido autor de más de 150 publicaciones revisadas, desarrollador de nuevas herramientas geoespaciales que utilizan datos para informar el plano y la política, y en la Facultad de la Universidad de Georgetown, VCU, y la Universidad de Cincinnati. El Doctor Bazemore se licenció en el Davidson College, hizo un MD en la Universidad de Carolina del Norte, y su MPH de la Universidad de Harvard. Él es un miembro electo de la Academia Nacional de Medicina (National Academy of Medicine, NAM), y miembro destacado de el Consejo Federal de Educación de Graduados Médicos (COGME).

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[REPORT: Standardizing the Measurement of Commercial Health Plan Primary Care Spending.](#)

by Michael H. Bailit, Mark W. Friedberg, and Margaret L. Houy

Médico destacado - Adj Prof Jacqueline PONZO

Jacqueline Ponzo, de la Sociedad Uruguaya de Medicina Familiar y Comunitaria (SUMEFAC), es la Presidente Electa para WONCA Iberoamericana-CIMF en el período 2018-2020.



¿En qué trabajas actualmente?

Soy Profesora Adjunta de Medicina Familiar y Comunitaria en la Facultad de Medicina de la Universidad de la República (UDELAR), en Uruguay y coordino la Unidad Docente Asistencial Canelones al Este desde su fundación (proyecto de descentralización de la Universidad y el Sistema de Salud integrado en procesos de desarrollo local).

Integro la Coordinación de Postgrado a cargo de la Residencia de medicina familiar y comunitaria (MFYC) en Uruguay, tengo a cargo los Cursos de Metodología de la Investigación y Epidemiología para posgrados de MFYC y formo parte del Grupo de Salud y Ambiente en la Práctica de la Medicina Familiar y Comunitaria.

Como investigadora he impulsado el desarrollo de esta actividad en el espacio comunitario así como la formación de investigadores jóvenes. Esto ha permitido el surgimiento de un Área de Investigación en el Departamento de Medicina Familiar y Comunitaria de UDELAR.

Mantengo actividad clínica regular en la localidad rural de Migueles desde hace 20 años, cuando realicé allí mi Residencia.

¿Qué otras actividades destacarías de tu trayectoria?

Soy una de las cuatro integrantes de la primera generación de residentes de medicina familiar y comunitaria en Uruguay (1997-2000), fundadora y primera Presidente de la Asociación de Residentes y Posgrados, (ARPMFYCU). Participo activamente del proceso de refundación que dio origen a la actual Sociedad Uruguaya de Medicina Familiar y Comunitaria (SUMEFAC).

En agosto fui electa Presidenta de Wonca Iberoamericana-CIMF para el período 2018-2020; integré la Junta Directiva de CIMF (2012-2016) como representante de SUMEFAC y fui Presidente del 4º Congreso Iberoamericano de Medicina Familiar y Comunitaria que se desarrolló en Montevideo en marzo de 2015, contó con 1600 participantes de 26 países y se desarrolló sin apoyo de la industria farmacéutica. Desde 2014 soy

Coordinadora de la Red Iberoamericana de Investigación en Medicina Familiar (IBIMEFA).

Soy Magister en Epidemiología por la Universidad de la República (Uruguay) y actualmente estoy realizando el Doctorado en Salud Colectiva, Ambiente y Sociedad en la Universidad Andina Simón Bolívar (Ecuador).

Desde 2001 ocupé cargos de gestión a nivel gubernamental y universitario, en el espacio departamental, nacional e internacional: Jefe de residentes de MFYC (2001-2003), Directora de Salud Ambiental y Ocupacional del Ministerio de Salud Pública (2003-2005), Directora de Promoción de la Salud en el Gobierno Departamental de Canelones (2005-2010), Consejera de Facultad, electa por el Orden Egresados en 2010-2011, Coordinadora del Comité Académico de Atención Primaria de Salud de la Asociación de Universidades Públicas del Cono Sur (AUGM) (2010 a 2016).

¿Cómo es ser médico de familia y comunitario en Uruguay?

La MFYC en Uruguay es una especialidad en pleno desarrollo con amplias posibilidades de realización personal y profesional. La residencia tiene veinte años de existencia en el país y el número de especialistas es aproximadamente 500. La presencia en el sistema de salud es aún escasa, pero se encuentra en pleno desarrollo.

La inserción laboral es en el Sistema Nacional Integrado de Salud (SNIS), en actividad clínica/comunitaria con o sin actividad docente (consultorio en primer nivel de atención, domicilios y coordinación interinstitucional) o en la Universidad, donde también se realiza actividad clínica/comunitaria, docente y académica. Muchos MFYC también han

asumido cargos de gestión en distintos niveles del SNIS. No obstante, quedan cargos vacantes en la residencia.

Es necesario seguir buscando mejoras en la remuneración y las condiciones de trabajo para hacer más atractiva la especialidad a los más jóvenes.

La formación médica y de la MFYC en particular está extendida en el territorio uruguayo y muchos jóvenes especialistas, optan por radicarse fuera de Montevideo, en espacios urbanos o rurales, hecho favorecido por la descentralización universitaria consolidada en los últimos 10 años.

¿Cuáles son tus intereses fuera del ámbito profesional/laboral?

Soy madre desde mi tiempo de estudiante, mis tres hijos son adultos jóvenes. Actualmente vivo en Montevideo, (y en los últimos dos años también parcialmente en Quito, Ecuador) pero mi lugar de pertenencia es el Departamento de Canelones, donde nací, trabajo y he vivido la mayor parte de mi vida. Me gusta compartir tiempo libre con los amigos y seres queridos, la naturaleza, los pequeños pueblos, los mercados y ferias, andar en bicicleta, el buen vino, el arte en general y el cine y la poesía en especial.

Médico destacado - Prof Thomas MEOÑO MARTIN

Thomas Meoño Martín es el Director Ejecutivo Electo de la Región Iberoamericana.

¿Qué trabajo haces ahora?

Desde diciembre del 2014 soy el Presidente de la Asociación de Especialistas en Medicina Familiar y Comunitaria de Costa Rica (medfamcom); donde con el apoyo de los demás miembros de la Junta Directiva, llevamos un proceso continuo de fortalecimiento de la especialidad en todos los ámbitos.

Además, soy el Director de la Facultad de Medicina de la Universidad Autónoma de Centroamérica (U.A.C.A.), y Médico Familiar y Comunitario en Atención Primaria en Cartago, tercera provincia de Costa Rica.

Trabajé como médico general durante 7 años antes de incorporarme a la Especialidad de Medicina Familiar y Comunitaria (4 años de formación académica), la que he realizado en diferentes escenarios durante los últimos 5 años.

Como médico de familia en la actualidad, estoy a cargo de la educación médica continua de los médicos generales; soy parte del equipo de apoyo del Área de Salud, donde participo en la toma de decisiones en base a los indicadores de salud de la región; filtro referencias de los 21 EBASIS que constituyen



el área, de casos de pacientes que pudieran requerir atención por parte de otros especialistas en el segundo o tercer nivel de atención, de lo contrario les ofrezco orientación para la resolución de la situación que dio lugar a la referencia; coordino la visita domiciliaria a pacientes encamados que no pueden trasladarse a recibir atención médica en hospitales. También soy el enlace de cáncer local, con responsabilidades que van

desde la coordinación de los programas preventivos hasta el control de la gestión de las patologías malignas por los médicos generalistas.

En el ámbito académico, soy el responsable de la toma de decisiones en el plan de estudios de la Carrera de Medicina, el progreso de los estudiantes, los campos clínicos donde realizan sus rotaciones, el desempeño docente, la inclusión de nuevas tecnologías, la proyección nacional e internacional de la carrera; y los aspectos financieros para llevar a cabo con éxito las actividades anuales de la escuela.

Otras cosas interesantes que has hecho.

Participé en la Comisión Nacional de Enfermedades Crónicas No Transmisibles, y formé parte de la Coordinación Técnica del Cáncer de la CCSS durante tres años como asesor en temas de cáncer de mama,

especialmente en relación con las estrategias de detección temprana y el enfoque oportuno a los pacientes diagnosticados con la enfermedad.

Soy Educador Certificado en Diabetes, lo que me ha permitido trabajar directamente con asociaciones de pacientes, brindar educación a los médicos generalistas y compartir con otros especialistas sobre el enfoque adecuado de abordaje a los pacientes, basado en la realidad nacional.

También fui profesor de los cursos de Anatomía, Embriología, Fisiología, Fisiopatología y Semiología; en la Escuela de Medicina de la UACA desde el 2003.

¿Qué se siente ser un médico de familia joven en Costa Rica?

Ser médico de familia y comunidad en Costa Rica es un desafío continuo, la especialidad en general no ha sido muy apoyada por las instituciones de salud; sin embargo, en los últimos años hemos visto un cambio, somos valorados por la alta y rentable capacidad de resolución que brindamos.

Las nuevas generaciones de médicos de familia encuentran un terreno fértil para desarrollar sus habilidades, con un incremento del apoyo de sus jefaturas y de sus compañeros de trabajo.

Las condiciones de trabajo son buenas y pueden ubicarse fácilmente en cualquiera de los tres niveles de atención pública, e incluso en los privados.

Somos pocos especialistas entrenados para la verdadera necesidad que tiene el país, sólo

unos 10 a 12 residentes por año ingresan a la especialidad y solo tenemos un programa de capacitación formal.

Como médicos de familia jóvenes, debemos luchar para obtener el respeto y la confianza de los otros especialistas, que con el tiempo han aprendido a ver al médico de familia como un aliado en la gestión eficaz de la atención médica

¿Cuáles son sus intereses fuera del trabajo?

Me gusta leer novelas modernas, las películas clásicas, un buen vino tinto; y me apasiona viajar y conocer otras culturas, sus costumbres y sus maneras de preparar comida.

Me encantan las relaciones interpersonales y sus manifestaciones en diferentes culturas, la importancia de la familia como apoyo vital.

Las redes sociales se han convertido en mi instrumento de comunicación en cuestiones médicas, así como en el desarrollo personal y social, y como una forma de entender a las nuevas generaciones.

El respeto por la diversidad y la equidad son mis estandartes; la transparencia, la lealtad, la cooperación y el amor desinteresado al prójimo son mis razones de ser.

Mi familia y mi pareja son el motor que hace cada día maravilloso y pleno, con sus desafíos y recompensas; levantarme todos los días esperando un mejor mañana me reconforta y me permite visualizar la forma en que puedo seguir trabajando para una mejor atención de la salud en general.



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