

# WONCANews

An International Forum for Family Doctors



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**World Organization of Family Doctors**  
[www.GlobalFamilyDoctor.com](http://www.GlobalFamilyDoctor.com)

**Wonca President**  
Professor Chris van Weel  
Department of Family Medicine,  
117 HAG  
University Medical Centre Nijmegen  
PO Box 9101  
6500 HB Nijmegen  
The Netherlands  
Tel 31 24 361 6332  
Fax 31 24 354 1862  
Email C.vanWeel@hag.umcn.nl

**Wonca Chief Executive Officer**  
Dr Alfred W T Loh

**Wonca World Secretariat**  
College of Medicine Building  
16 College Road #01-02  
Singapore 169854  
Tel 65 6224 2886  
Fax 65 6324 2029  
Email admin@wonca.com.sg

**Wonca President Elect**  
Richard G Roberts, MD, JD, USA

**Immediate Past President**  
Professor Bruce L W Sparks, South Africa

**Honorary Treasurer**  
Professor Michael Kidd, Australia

**Executive Members at Large**  
Dr Javier Dominguez del Olmo, Mexico  
Dr Iona Heath, United Kingdom  
Professor Michael Kidd, Australia

**Regional Presidents**  
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Professor Khaya Mfenyana, South Africa

**Wonca Asia Pacific**  
Dr Donald K T Li, Hong Kong

**Wonca Europe**  
Professor Igor Svab, Slovenia

**Wonca Iberoamericana - CIMF**  
Professor Adolfo Rubinstein, Argentina

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Dr Preethi Wijegoonewardene, Sri Lanka

**Wonca North America**  
Dr Alain Montegut, USA

**Wonca Eastern Mediterranean**  
Dr Nabil Kurashi - President Protem  
Saudi Arabia

**Chair, Bylaws & Regulations Committee**  
Dan Ostergaard MD, USA

**Chair, Wonca Publications and Communications Committee**  
Dr Geoffrey D Martin, Australia

**Editor, Wonca News & Editorial Office**  
Marc L Rivo, MD, MPH  
4566 Prairie Avenue  
Miami Beach, FL 33140, USA  
Tel 1 305-671-7327  
Fax 1 305-674-8839  
Email marcrico@aol.com

## WONCA GLOBAL SPONSORS



## FROM THE WONCA PRESIDENT :

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### THE RESURGENCE OF PRIMARY CARE AND FAMILY MEDICINE

This is an exciting period for primary care and family medicine. Wonca is holding a busy fall schedule of regional conferences, with our Europe Regional in Istanbul (see feature story) in September, followed by the Asia Pacific Regional in Melbourne in early October, and the North American Regional in Puerto Rico in November. Istanbul and Melbourne each drew impressively large numbers of participants, underlining the enthusiastic interest in primary care development. 'Puerto Rico' promises again a high profile platform for primary care. The Regional meeting is to be organized in conjunction with the North American Primary Care Research Group (NAPCRG). Thus, it will be an excellent opportunity to engage a large primary care research community.

The Puerto Rico primary care research theme reflects the unique, special focus and complementary nature of each regional Wonca conference. Istanbul took place against the background of the vigorous expansion of family medicine in Turkey, and this did lend the conference an emphasis on primary care development. 'Melbourne', with the launch of the WHO-Wonca program to integrate mental health in primary care, stressed the importance to bring together and integrate the diverse tasks and obligations of primary care practice.

Our Wonca conferences are buoyed by a growing interest in primary care and family medicine within the health science and political fields. At about the time this issue is published, the 30th anniversary observation of the Alma Ata Declaration for "Health for All" will take place in Almaty, Khazhakstan. In addition, the planned mid October release of the WHO's 2008 World Health Report will focus on primary care. The Alma Ata Declaration's emphasis on primary health care as a fundamental means to achieve "health for all by the year 2000" was the basis for a special Lancet issue on primary care (see Health System News article). These scientific and political initiatives will give a boost to primary care development.

Recently, WHO published its report on the Social Determinants of Health (see articles in Health News and Resources sections). Wonca contributed to this historic report that will have a bearing on the 2010 Cancun Wonca World Conference. Addressing social determinants

will have a profound and sustainable effect on individual and populations' health. The WHO Report calls for an integrated approach, in which individual and community care are brought together, and health care is linked with strategies to address the other societal sectors influencing health.

But external factors will in itself never suffice, without firm and concerted action from within family medicine and primary care. This is where research comes in to play. Data and evidence speak the only language that can bring lasting political support for primary care. That primary care makes a lasting contribution to population health is accepted. But how this is coming about remains less well understood and documented. The Melbourne conference underlined the (potential) value of person-centeredness, continuity of care, and the generalist approach. But it is at least unlikely that all 'person centered' care is effective or that continuity of care is without potential harmful effects. This is where science comes in – science driven by primary care. Unless there is better understanding of the working mechanisms of continuity, the way person-centered care contributes, it may be impossible to optimize primary care. The current political conditions are too good and inviting to squander such opportunities. The NAPCRG conference, including the Wonca Regional meeting, is the next place to join together and act!

**Professor Chris van Weel**  
President of Wonca

**FROM THE CEO'S DESK:**

**WONCA LAUNCHES TWO KEY INITIATIVES AT ASIA-PACIFIC REGIONAL CONFERENCE IN MELBOURNE**

The 2008 Asia-Pacific Regional Conference was held at the Melbourne Exhibition and Convention Centre from 3rd – 5th October 2008. At the Official Opening Ceremony, the Wonca World President, Professor Chris van Weel, launched two important Wonca projects. These were: (1) The Wonca Academic Membership and (2) The WHO-Wonca Report on Integrating Mental Health into Primary Care.

**Official Launch of the Wonca Academic Membership Category**

Wonca has long recognized that the many Departments of Family Medicine / General Practice /Primary Care in our member countries are an untapped potential source of expertise and human resource to assist Wonca in its global objectives and mission.

The idea of having such a category of Wonca membership was first discussed at the Executive Meeting in Ithala, South Africa in May 2001, and at each subsequent Executive meeting following that. During the Wonca World Council in Orlando in 2004, the Council passed a resolution to establish such a category of membership. The move was well received by all Wonca member organizations. It was felt that in developing countries such as in Eastern Europe and South America, emerging Departments of Family Medicine / General Practice may likely become the champions of

the discipline in their rapidly evolving health care environments.

Following the Orlando Council resolution, the Wonca Bylaws and Regulations had to be amended and the changes adopted at the World Council in July 2007 in Singapore before this special category of membership could be established. In August 2008, the Wonca Secretariat sent out an announcement to all member organizations with academic departments and programs of family medicine / general practice in their country inviting expressions of interest to join this new category of membership.

The Wonca Secretariat received encouraging responses over the following two months after the promotion of the Wonca Academic Membership. We have to date received over 91 respondents indicating interest in joining the new membership category. The responses have come from 25 different countries in all Regions of Wonca.

The benefits of Academic Membership include:

1. Three complimentary copies of the bi-monthly Wonca Newsletter to help members keep in touch with the world of Family Medicine.
2. Special discounts on all Wonca publications and products for sale.
3. Free Journal Alerts service 3 times a week.
4. Opportunities for networking with other Academic Members globally – this will be especially useful for new emerging departments in developing countries who may “twin” with other Academic Members from more developed countries as part of this Wonca initiative.
5. Academic Members may use the Wonca international network to market their activities and educational programs.

6. Academic Members have special access to an international and regional forum for faculty development and faculty exchange as they network with the other Academic Members within Wonca.

For the official launch in Melbourne, a special membership brochure was printed and made available at the Wonca Booth during the Asia-Pacific Conference. Wonca members at the Melbourne Conference reacted positively and with great interest. Following the official launch, the Wonca World President chaired an inaugural meeting of heads of academic departments. He was welcomed by a very enthusiastic turnout of more than 40 academic representatives from Australia, New Zealand, Vietnam, Philippines, Thailand, Pakistan, Nepal, Canada, UK and the Netherlands.

Academic Departments and Training Programs of Family Medicine/ General Practice who are keen to join and have not received the brochures or mailings, may download the brochure and application form from the Wonca Website at [www.GlobalFamilyDoctor.com](http://www.GlobalFamilyDoctor.com) or contact the Wonca World Secretariat at [admin@wonca.com.sg](mailto:admin@wonca.com.sg)

**Official Launch of the WHO-Wonca Report on Integrating Mental Health into Primary Care**

The Report on Integrating Mental Health into Primary Care was developed jointly by the World Health Organization (WHO) and the World Organization of Family Doctors (Wonca). The Report presents the justification for and advantages of providing mental health services in primary care. At the same time, the Report provides advice on how to implement and scale-up primary

care for mental health, and describes how a range of health systems has successfully undertaken this transformation.

The Wonca Working Party on Mental Health began the collaboration with the Department of Mental Health and Substance Abuse of WHO to publish the Report in 2006. A significant number of contributors from the Wonca Mental Health Working Party led by its Chair, Dr Gabriel Ivbijaro, worked closely with the staff of the WHO over these past two years to produce the report. The Report also provides the rationale and know-how on successfully integrating mental health into primary health care.

Readers of the Report will:

- Find out how providing mental health care into primary health care settings produces better health outcomes.
- Learn from other countries that have successfully integrated their mental health services into primary health care
- Discover 10 common principles that underlie all successful mental health integration, regardless of country resource level.

Following the official launch of the Report by the Wonca World President, Prof Chris van Weel at the Opening Ceremony of the Conference, a special media briefing and press release was held to which the local Australian and international press agencies were invited. About 800 copies of the 206-page report were also distributed free to delegates at the Wonca exhibition booth during the Conference. The book is now offered for sale on the WHO Website for US\$45 each.

Wonca plans to have similar launches at all the Wonca Regional Conferences in 2009 during which workshops and seminars on issues of mental health in the primary care context will be held. It is hoped that with some support from sponsors, more copies of the report will be distributed free to the delegates at all these conferences.

**Dr Alfred Loh**

Chief Executive Officer  
World Organization of Family Doctors

## FROM THE EDITOR:

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### PRIMARY CARE – AGAIN IN VOGUE

This issue of Wonca News reports on the resurgence of interest in primary care as a major means to improve health systems and people's health. For readers who appreciate history, this past September 12, 2008 marked the 30-year anniversary of the Alma Ata Declaration for "Health for All", a grand date in the annals of primary health care. In 1978, 134 WHO member states convened in the former Soviet Union to attend a conference on international primary health care. At the time, more than two billion people had no access to health care and the world exhibited wide disparities in health status by community, region and nation. The delegates in Alma Ata (now Almaty), Kazakhstan, launched a bold initiative to achieve "health for all by the year 2000". Primary health care was seen as the central strategy.

This issue of Wonca News provides ample evidence that once again the eyes of the world may be on primary health care. In his Presidents Column, Professor Chris Van Weel makes the case eloquently. The WHO Report, "Health Equity Through Action on the Social Determinants of Health" and the Lancet Special Issue on Primary Health Care are two relevant examples published in this issue.

This issue also provides important examples of Wonca's leadership in enhancing the contribution of primary care and family medicine to health systems and people's health. Regional News reports on Primafamed's important work in Africa, EURACT's work to improve family medicine teaching, and the new RCGP International Exam to enhance family medicine accreditation in South Asia, and the Asia Pacific Family Medicine journal.

In recognition of the 30-year anniversary of the Alma Ata Declaration and the important global role it once again plans, the WHO 2008 Report is expected to focus on Primary Health Care. The 2008 WHO Report is being released in mid October and will be featured in the December issue of Wonca News.

Please continue to send me articles that describe the central role that primary care and the family doctor play in the achievement of quality, cost effectiveness and equity in health systems.

**Marc L. Rivo, M.D, M.P.H.**

Editor, Wonca News  
marcrivo@aol.com  
4566 Prairie Avenue  
Miami Beach,  
FL 33140 USA  
1-305-674-8839 (fax)

**FEATURE STORIES**

**ALMOST 5000 ATTEND  
WONCA EUROPE  
REGIONAL CONFERENCE  
IN ISTANBUL**

A total of 4,777 participants from around the globe converged on Istanbul from September 4-7 for the 14th Wonca Europe Regional Conference. The almost 5,000 delegates from 57 countries in Europe and around the world made this the largest WONCA Europe Regional Conference in history. Hosted by the Turkish Association of Family Physicians, the conference was chaired by Dr. Erdem Birgül and Associate Professor Nezhig Dagdeviren and took place at the Istanbul Conference & Exhibition Center and the Military Museum Cultural Center.



Dr. Erdem Birgül, Co-chairmen of the Host Organizing Committee, at the opening speech

The main theme of the conference was “Overcoming the Distance”. Being located on both Europa and Asia, Istanbul did serve this purpose quite well. Delegates from countries all over Europe and around the world including, from New Zealand, Thailand, and Korea to South Africa, Brazil and Canada, certainly helped attendees overcome the “physical” distance.

The Istanbul Conference hosted more than 600 enthusiastic junior doctors. A total of 90 young delegates also attended the Vasco da Gama pre-conference from September 3-4 on the Asian side. After finishing their program, our young colleagues joined the Congress delegates on the European side at the Istanbul Conference Center for the opening ceremony. Vasco da Gama members also had their sessions in the Congress. The Turkish Association of Family Physicians provided a bursary to 200 Turkish trainees to join and the experience the exciting atmosphere of the WONCA Europe Conference in Istanbul.

As Turkey is transforming their health system with a strong emphasis on Family Medicine, the Congress had an important goal to demonstrate good examples and discuss country experiences that would help the new local developments. Turkish health officials joined the conference and the Minister of Health gave greetings and a speech at the opening ceremony.



Wonca President Professor Chris van Weel, Turkish Minister of Health Professor Recep Akdag, and President of the Turkish Association of Family Physicians, Dr. Ayse Caylan at the Opening Ceremony

The Istanbul Conference’s scientific program was of the highest quality. The Scientific Committee chaired by Professor Fusun Ersoy cooperated with the International Advisory Board which also included the Presidents of our European research, teaching and prevention networks: EGPRN, EURACT and EQUIP. As a result, a successful and fruitful collaboration was accomplished. In addition, all Wonca European Special Interest Groups, Working Parties and Task Forces contributed to the scientific program.



Professor Fusun Ersoy, Chair of the Scientific Committee, introduces the scientific program at opening ceremony

The 1200 abstracts submitted was evaluated in detail by the 120 international referees. About 85 percent was accepted for presentation. The meetings were held at the 21 parallel halls, some of which also used for the local meetings. All abstracts and presentations are available, with author approval, on the Congress website at [www.woncaeurope2008.org](http://www.woncaeurope2008.org)

The Opening Keynote Speech was given by Wonca President Professor Chris van Weel on WONCA's Past, Present and Future vision on "Overcoming the Distance". The second Keynote was given by Associate Professor Mehmet Ungan on the contribution of WONCA Europe Networks on "Overcoming the Distances". Other Keynotes and their speakers included the: "Impact of Disaster on Women's Health; a Biopsychosocial Approach" by Toine Lagro Janssen; "Health Behavior Change" by Rick Botelho; "Cultural Accessibility of PHC; and Culture Sensitive Approach in Family Medicine" by Cecil Helman. The Closing Keynote was given by WONCA Europe President Professor Igor Svab on "Overcoming Distances – the WONCA Europe Perspective".



Professor Igor Svab, President of Wonca Europe, giving the Closing Keynote



Associate Professor Nezhil Dagdeviren, Co-chairmen of the Host Organizing Committee, making the closing summary

With many workshops, lunch breaks at the garden with the Bosphorous view and well attended social events, delegates had many opportunities to exchange ideas and "overcome the distances" among us.

Having organized the scientific and social experiences at Wonca Europe 2008 in Istanbul, we were delighted to host our colleagues and enjoy together many joyous memories, including the Dinner Cruise between the Europe and Asia continents and the Gala Dinner at the Sait Halim Pasa Mansion.

Erdem Birgul,  
Host Organizing Committee CoChair  
Nezhil Dagdeviren,  
Host Organizing Committee CoChair  
Fusun Ersoy,  
Scientific Committee Chair

## 19TH WONCA WORLD: CALL FOR ABSTRACTS IS NOW OPEN!!



The Scientific Committee of the 19th Wonca World Conference of Family Doctors invites you to submit abstracts and to be part of the Scientific Programme of this international event. The Wonca World Conference's scientific program, to be held from May 19 to 23, 2010 in Cancun, Mexico is focused on the theme "Millennium Development Goals: the contribution of Family Medicine". The Call for Abstracts is now open with the following guidelines:

- All submissions must be submitted electronically through the website <http://www.wonca2010cancun.com/abstracts/index.php> There will no be paper submissions.
- There is no fee for submitting an abstract and you can submit as many as you wish.
- All submissions must be in English language. Submissions on other languages will be discarded.
- You do not need to be registered at the Conference to submit an abstract. However, if your abstract is accepted for presentation you MUST register for the Conference. Submission of an abstract implies a commitment to make the presentation during the meeting.
- All abstracts will be reviewed by a panel which is made up of members of the Scientific Committee and members of an International Advisory Group.
- Acceptance of abstracts will be notified via email 2 months after reception.

- All accepted abstracts will be published in the conference proceedings, but acceptance is conditional on registration as a delegate.
- Everyone presenting an abstract is responsible for their own registration and travel to the Conference.
- Abstracts must be limited to 250 words or less

Wonca encourages authors to submit abstracts related with the Millennium Development Goals, or the main areas/topics selected for the Conference such as gender issues, mental health, family therapy, health education, pharmacotherapy, alternative medicine, family medical care, geriatric medicine and much more!

The latest information regarding the 19th Wonca World Conference in Cancun Mexico from May 19-23, 2010 may be found at [www.wonca2010cancun.com](http://www.wonca2010cancun.com)

We look forward to seeing you at Wonca Cancun 2010!

**Dr. Javier Dominguez del Olmo**  
Chairman,  
Host Organizing Committee  
Wonca Cancun 2010

## WONCA REGIONAL NEWS

### PRIMAFAMED CONTINUES PRIMARY HEALTH CARE WORK IN SUB-SAHARAN AFRICA

Primafamed is a 2-year project with a mission of improving the health of the population of Africa and to reach equity in health care delivery by strengthening community-oriented primary health care. Primafamed is coordinated from Ghent University and tries to support African universities in their efforts to establish and improve primary health care education. African family physicians are being trained to provide good quality, accessible and affordable primary health care for all. Primafamed gives support in capacity building, content development and monitoring of the postgraduate training in family medicine. It embraces the principle of South-South cooperation, encouraging the sharing of unique knowledge and wisdom between African institutions.

Currently, Primafamed partner institutions have been established in eight countries: Democratic Republic of the Congo (University of Goma), Ghana (University of Ghana), Kenya (Moi University), Nigeria (University of Lagos), Rwanda (National University of Rwanda), Sudan (University of Gezira and Ahfad University for Women), Tanzania (Aga Khan University) and Uganda (Makerere and Mbarara Universities).

In July, a meeting was held between Primafamed and the two partner universities in Sudan to establish family medicine training. Gezira University has developed a one-year family medicine training program that will start in August. Ahfad University is working on a 4-year family medicine curriculum with the Arab Board of Medicine to be initiated in December, 2008.

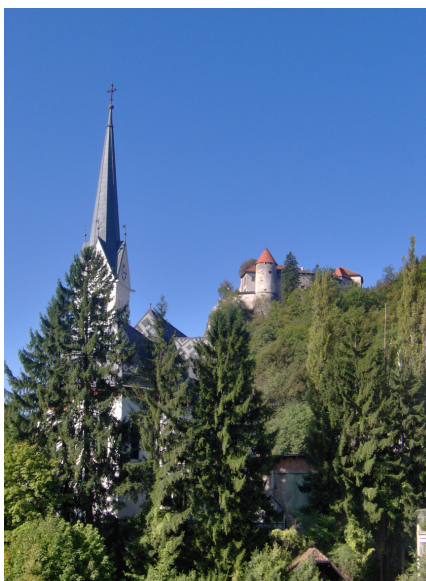
Primafamed is also organizing from November 17-21 a conference in Kampala, Uganda on sharing experiences, ideas, knowledge and skills on training African family physicians. The target group is Primafamed partners, associates, stakeholders and other interested people.

Additional information on the Primafamed Project may be found online at [www.Primafed.Ugent.Be](http://www.Primafed.Ugent.Be)

### THE 17TH EURACT WORKSHOP IN SLOVENIA WAS ADDICTING

Here are my impressions from the 17th European Academy of Teachers of General Practice (EURACT) workshop in Bled, Slovenia, which was held from September 16 to 20th in Bled, Slovenia, and focused on the theme of self-medication: dangerous experimenting or an important part of self-care?

In five days, the group of over 50 teachers of family medicine from all over Europe really does assume the function of a family: they work together, visit patients at their respective homes, dance rumba together, learn, compose sophisticated teaching modules, drink coffee, jog around the lake, sample the wine and local specialities, sing, prepare presentations in groups, and play waterpolo in the traditional 'Slovenia against the rest of the world' configuration.



The picturesque view to the castle of Bled from the course room window



Small group work facilitated by one of the course directors is the cornerstone of the EURACT Bled course.

But Bled course is more than that. It is about teaching: Ice breaking exercises, plenary lectures, keynote presentations, work in small groups, role play, fish tank, and reporting. These are just some of the teaching techniques used by the expert course directors. Jaime Correia de Sousa, Mafred Maier, Yonah Yaphe, Justin Allen and Igor Svab aimed all their faculty expertise towards reaching the common goal of their course: to prepare faculty at the university and practice level to teach effectively about self-medication.

Practice experience with self medication, regulations regarding safety and quality control of products in self-treatment, how to improve patients concordance, genetic susceptibility to unforeseen reactions to medications, disadvantages of drug treatment, complementary medicine-experience from different countries - these were just some of the themes of lectures, presentations and discussions.

Participants were divided in four groups during the workshop. Each of the groups prepared a teaching module, targeted at a specific group, such as trainees, students, and physicians at CME activities. Each of the groups was challenged with a final presentation of their module on the last day.

What makes the Bled course so special? Everything: the charming environment, the eager participants, the dedicated course directors.

Come and be a part of the 18th EURACT Workshop in Bled, Slovenia. From 29th September to 3rd October 2009, participants will be involved in the subject of learning and teaching about the impact of medicalisation on family medicine. Please contact me below for information on the 18th EURACT Workshop in 2009.

It is addictive, as one of this year's participants stated in his final evaluation.

Nena Kopcavar Gucek, MD, MS  
Department of Family Medicine  
Medical School of the University of Ljubljana  
nenagucek@gmail.com

### RCGP AND SOUTH ASIAN COUNTRIES ACCREDIT FAMILY MEDICINE EXAM

The South Asia "Member of the Royal College of General Practitioners – International (MRCGP-INT) exam has now been formally accredited by the Royal College of General Practitioners. As of April 2007, 50 South Asian candidates were eligible to become International Members of the College. Started originally as the vision of Professor Riaz Qureshi of Aga Khan University in Karachi, Pakistan, six countries of South Asia – Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka – agreed to work together to try to develop an internationally accredited family medicine exam throughout the region. Afghanistan was at too early a stage of development to participate fully, but it has remained as a Member of the South Asia Board (SAB), family medicine continues to develop in the country, and we remain hopeful that in years to come we can welcome Afghan candidates to the process.

A series of workshops were held over a three-year period, where a number of questions had to be addressed. Could the curriculum differ significantly from the UK? Infectious diseases such as dengue and typhoid fever, malaria and tuberculosis had a high profile. Chronic disease management and preventative issues were comparable. Patient centred consultation, evidence based medicine, shared management decisions and



professionalism were owned by all. Research methodology and practice management were felt to be less relevant.



Doctors sitting the MRCGP[INT] exam in South Asia

A two-part examination was agreed. First an applied knowledge multiple choice test. Second an Objective Structured Clinical Examination (OSCE) of 14 ten minute simulated consultations. World Health Organisation guidelines were adopted as the gold standard for management. Debate frequently centred on therapeutics as drug availability differed. The British National Formulary became the accepted reference. English was the language universally used in South Asia for medical education. Would it be possible to conduct the clinical exam in English? OSCE stations were piloted in Karachi and Bangladesh. Enthusiastic authentic simulated patients were found and the cultural contexts of the scenarios proved common to all countries.



Examiners with an OSCE candidate and his patient

It's a given that assessment drives learning, but in so many of the countries of South Asia eligibility to sit a country exam was often limited to the very few, and the vast majority of family doctors had no opportunity to undertake any form of continuing professional

development. Now, at last, they were being given that chance, and many grasped it enthusiastically. In Karachi, for example, about 150 doctors each week attended a CPD session – at their own expense and on their one day off each week – so hungry were they to upgrade their knowledge and skills. Several of these doctors didn't even plan to take the exam, but just revelled in the new-found educational opportunities available to them.

Finally in November 2006 we had a written paper, developed entirely by our South Asian colleagues. The written papers were held at five British Council centres throughout the region, with 219 candidates taking the paper. The overall pass rate for this was almost 39%, with good validity and reliability factors, and the SAB was reassured that they seemed to have got it right so far. The next challenge was to finalise a rigorous but fair and relevant OSCE exam, again developed entirely by South Asians for the regional context.

The OSCEs were held in late March 2007 in Colombo, Sri Lanka, with enormous help and support from our colleagues in the College of GPs of Sri Lanka, and we were hugely gratified – and relieved – when candidates reported that the simulation was so good they felt they were consulting in their own surgeries!

A total of 73 candidates sat the OSCEs, with 50 ultimately successful – a pass rate of almost 69% and again with excellent validity and reliability quotients. The College's Examination Development Assessors (EDAs) recommended that the exam be fully accredited for three years and this was endorsed at a full MRCGP[INT] Board meeting in London in early April. We had made it!

Plans are already well advanced for the next diet of the exam, with the next MCQ scheduled for late

November 2007 and the OSCEs in late March or early April 2008 – again in Sri Lanka. We hope very much that as the question banks develop it will become possible to run the exams twice yearly – especially relevant for those who fail and who want an early opportunity to resit – and also to run the OSCEs at more than one centre in the region, to make it more convenient for the candidates. And we're also getting a number of requests from South Asian doctors in the Middle East, and from doctors in Central Asia, who all want to sit the exam. So, the SAB is certainly not resting, and continues to press ahead with further development – but with just a little basking in the triumph of a magnificent achievement.

Dr Garth Manning  
International Development Programme Medical Director  
gmanning@rcgp.org.uk

Professor Val Wass  
valerie.wass@manchester.ac.uk

*(Editor's note: Accreditation for MRCGP[Int] was developed in response to overseas colleagues and the global need for high quality post-graduate assessments. It enables a country or region to develop an examination at the same level and academic rigour as the MRCGP in the United Kingdom, and tailored to local needs, health practices, culture and education systems. In addition to South Asia, the MRCGP[Int] accreditation is offered in Oman, Brunei, Kuwait, and Dubai. The above article was published in the Summer 2007 RCGP International Newsletter by Editor, Dr Rob Caird. If you would like a free subscription to the International Newsletter in printed form, please e-mail your contact details to International@rcgp.org.uk. Past issues of the RCGP International Newsletter are archived on the RCGP website at: [www.rcgp.org.uk/international\\_home.aspx](http://www.rcgp.org.uk/international_home.aspx))*

## HEALTH AND HEALTH SYSTEM NEWS

### WHO RELEASES SOCIAL DETERMINANTS OF HEALTH REPORT

Social inequities and injustice are killing people on a “grand scale”. A child born in a Glasgow, Scotland suburb can expect a life 28 years shorter than another living only 13 kilometres away. A girl in Lesotho is likely to live 42 years less than another in Japan. In Sweden, the risk of a woman dying during pregnancy and childbirth is 1 in 17,400; in Afghanistan, the odds are 1 in 8. Biology does not explain any of this. Instead, the differences between - and within - countries result from the social environment where people are born, live, grow, work and age.

The toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible,” the Commissioners write in Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. On August 28th, the Commission presented the report and its findings to the WHO Director-General, Dr Margaret Chan. These “social determinants of health” have been the focus of a three-year investigation by an eminent group of policy makers, academics, former heads of state and former ministers of health. Together, they comprise the World Health Organization’s Commission on the Social Determinants of Health.

WHO Director General Chan welcomed the Commission’s Report, concurring that, “Health inequity really is a matter of life and death,” She challenged stakeholders to provide leadership to improve health systems, primary care and people’s health, stating, “Health systems will not naturally gravitate towards equity. Unprecedented leadership is needed that compels all actors, including those beyond the health sector, to examine their impact on health. Primary health care, which integrates health in all of government’s policies, is the best framework for doing so.”

The Commission made three overarching recommendations to tackle the “corrosive effects of inequality of life chances”:

1. Improve daily living conditions, including the circumstances in which people are born, grow, live, work and age.
2. Tackle the inequitable distribution of power, money and resources – the structural drivers of those conditions – globally, nationally and locally.

3. Measure and understand the problem and assess the impact of action.

Sir Michael Marmot, Commission Chair said: “Central to the Commission’s recommendations is creating the conditions for people to be empowered, to have freedom to lead flourishing lives. Nowhere is lack of empowerment more obvious than in the plight of women in many parts of the world. Health suffers as a result. Following our recommendations would dramatically improve the health and life chances of billions of people.”

### WHO TO PUBLISH 2008 WORLD HEALTH REPORT ON PRIMARY CARE



Logo of the 1978 Alma Ata Conference and Health for All Declaration

The World Health Report 2008 will be devoted to one of the World Health Organization’s (WHO) priority areas, the reinvigoration of primary health care. Publication of the World Health Report on Primary Health Care is scheduled for mid-October 2008. The report will be launched 30 years after the watershed international conference on primary health care at Alma Ata (now Almaty, in Kazakhstan) and the historic Alma Ata Declaration for ‘Health for All’ by the year 2000.

Since the appointment in 2007 of Dr Margaret Chan as WHO Director-General, the WHO has devoted significant action, to the refocus member organizations towards strengthening primary health care. In her 2008 address to the World Health Assembly, WHO Director-General Dr Chan said, “When I took office at the start of last year, I called for a return to primary health care as an approach to strengthening health systems. My commitment has deepened. If we want to reach the health-related Millennium Development Goals, we must return to the values, principles, and approaches of primary health care.” Last year also saw the first formal meeting by a delegation from Wonca with the WHO Director-General.

## MEMBER AND ORGANIZATIONAL NEWS

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### ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA PUBLISH TWO PRIMARY CARE BOOKS

The Academy of Family Physicians of Malaysia and its book editors have published two books on the topic of family medicine and primary care.

The first book, Family Medicine, Health and Society: Essays by Dr MK Rajakumar, is a collection of 18 articles written by Dr Manacadu Kumar Rajakumar between 1974 and 2003 during course of his remarkable professional life. A born leader with a deep passion to improving family medicine and people's health, Dr Rajakumar served as Professor at the University Kebangsaan Malaysia, President and Chairman of the Council of the Academy of Family Physicians of Malaysia, President of the Malaysian Medical Association, and multiple leadership roles in the World Organization of Family Doctors, where he served as Wonca President from 1986 to 1989.

The book of essays by Dr Rajakumar, and edited by CL Teng, EM Khoo, and CJ Ng, is divided into two sections. The first 11 articles address the theme of "Family Medicine", from its philosophical basis to quality of care, and from the local context to the international area. The second seven articles address the theme of "Healthcare and Society", addressing broader issues that impact the health professions and society, covering ethics, healthcare delivery and the civil society. Written over the span of 30 years, the essays by Dr Rajakumar remain highly relevant today.

The second book, Bibliography of Primary Care Research in Malaysia, is an anthology of research articles published in the Malaysian primary care setting for the past four decades. Many of these articles were not previously captured in primary care databases. The bibliography of research in primary care in Malaysia captured work conducted clinical and non-clinical work between 1966 and 2003. The editor EM Khoo, CL Teng, CJ Ng and S Jaafar, organized the Bibliography by author and by subject index. The bibliography serves as an important reference for primary care researchers, health care professionals, educators, students, policymakers and others with an interest in primary care research in Malaysia.

Those interested may obtain further information by contacting the Academy of Family Physicians of Malaysia at [afpm@po.jaring.my](mailto:afpm@po.jaring.my) or visiting the Academy website at [www.afpm.org.my](http://www.afpm.org.my)

Datuk Dr. D. M. Thuraiappah  
Chairman of the Council  
Academy of Family Physicians of Malaysia

### WONCA AND IPCRG RELEASE WORLD ASTHMA SURVEY FINDINGS

An asthma survey conducted in nine countries by Wonca and the International Primary Care Respiratory Group (IPCRG) shows that, despite many years of advances, for many patients, asthma still has a great impact on daily life. The "Spring into Action" survey found that 87% of people with asthma report that their chronic illness restricts their ability to take part in physical activities or exercise, and 70% claim that their asthma interrupts their sleep.

The "Spring into Action" asthma campaign, developed jointly by IPCRG and Wonca with support from AstraZeneca, surveyed 1,800 asthma patients from UK, Germany, France, Italy, Spain, Sweden, Korea, Australia, and Brazil. The survey aimed to highlight the need for and contribute to a better understanding of asthma; motivate physicians to ensure their patients are better informed on how to use their medications effectively to achieve better asthma control; and motivate patients to work with their physicians to achieve better day-to-day symptom control with minimal impairment of daily life

The survey highlights various factors that may contribute to asthma patient concerns and positive actions that can help improve overall control. The survey revealed a poor understanding amongst people with asthma of what actually happens within the lungs to cause asthma symptoms. Only one out of four surveyed correctly identified airway inflammation as an underlying cause. One in three people with asthma did not take their medication as prescribed, 23% did not want to use too many inhalers, 23% admitted to forgetting to take them and almost half (44%) of people tended not to use their controller medication when feeling well. However, those patients who did understand the true causes of their asthma reported significantly better compliance than patients lacking this knowledge..

These 'real-world' data suggest that further actions are needed to achieve the Global Initiative for Asthma (GINA)

treatment targets and improve outcomes for patients. People with controlled asthma should not experience limitations in activities or nocturnal symptoms. “To be able to prevent future asthma attacks, patients need to accept that the key is to proactively treat asthma on a daily basis with anti-inflammatory controller medication, rather than just reacting to an attack with reliever medication,” commented Dr John Haughney, President of IPCRG.

When asked what advice people with asthma would like to receive from their doctors the survey highlighted a clear need for doctors to provide simple strategies or tips on different triggers that can cause asthma attacks, how to prevent asthma from worsening and what to do in the event of an attack. Patients want to be more informed about how they can proactively control the disease.

Commenting on the survey, Wonca Professor Chris van Weel said, “Patients reiterated that their family doctor or specialist were the sources of information they found most useful, and so are best placed to help fill gaps in patients’ understanding of their disease. Only informed patients can make informed decisions to best control their asthma with their medications, so no one need fear for their future health. Wonca works with family doctors to help them and their patients to prioritise asthma preventive and control strategies.”

This survey is part of the “Spring into Action” asthma campaign, a global initiative to help raise awareness of the need for improved asthma management and control. Useful additional information regarding the “Spring into Action” asthma campaign and the survey, can be obtained through the Wonca website at: <http://www.globalfamilydoctor.com/PromotedItems/sia.asp>

## RESOURCES FOR THE FAMILY DOCTOR

### WHO REPORT: HEALTH EQUITY THROUGH ACTION ON THE SOCIAL DETERMINANTS OF HEALTH

On August 28th, the Commission on the Social Determinants of Health presented the report, Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health, and its findings to the WHO Director-General, Dr Margaret Chan. The entire Commission Report and other relevant resources for Wonca member organizations and family physician leaders may be found online at [www.who.int/social\\_determinants/final\\_report](http://www.who.int/social_determinants/final_report). The following is an excerpt of the WHO’s Report Summary.

#### Health Inequities within countries

Health inequities – unfair, unjust and avoidable causes of ill health – have long been measured between countries but the Commission documents “health gradients” within countries as well. For example:

- Life expectancy for Indigenous Australian males is shorter by 17 years than all other Australian males.
- Maternal mortality is 3–4 times higher among the poor compared to the rich in Indonesia. The difference in adult mortality between least and most deprived neighbourhoods in the UK is more than 2.5 times.
- Child mortality in the slums of Nairobi is 2.5 times higher than in other parts of the city. A baby born to a Bolivian mother with no education has 10% chance of dying, while one born to a woman with at least secondary education has a 0.4% chance.
- In the United States, 886,202 deaths would have been averted between 1991 and 2000 if mortality rates between white and African Americans were equalized. (This contrasts to 176,633 lives saved in the US by medical advances in the same period.)
- In Uganda the death rate of children under 5 years in the richest fifth of households is 106 per 1000 live births but in the poorest fifth of households in Uganda it is even worse – 192 deaths per 1000 live births – that is nearly a fifth of all babies born alive to the poorest households destined to die before they reach their fifth birthday. Set this against an average death rate for under fives in high-income countries of 7 deaths per 1000.

The Commission found evidence that demonstrates in general the poor are worse off than those less deprived, but they also found that the less deprived are in turn

worse than those with average incomes, and so on. This slope linking income and health is the social gradient, and is seen everywhere – not just in developing countries, but all countries, including the richest. The slope may be more or less steep in different countries, but the phenomenon is universal.

### Wealth is not necessarily a determinant

Economic growth is raising incomes in many countries but increasing national wealth alone does not necessarily increase national health. Without equitable distribution of benefits, national growth can even exacerbate inequities.

While there has been enormous increase in global wealth, technology and living standards in recent years, the key question is how it is used for fair distribution of services and institution building especially in low-income countries. In 1980, the richest countries with 10% of the population had a gross national income 60 times that of the poorest countries with 10% of the world's population. After 25 years of globalization, this difference increased to 122, reports the Commission. Worse, in the last 15 years, the poorest quintiles in many low-income countries have shown a declining share in national consumption.

Wealth alone does not have to determine the health of a nation's population. Some low-income countries such as Cuba, Costa Rica, China, state of Kerala in India and Sri Lanka have achieved levels of good health despite relatively low national incomes. However, the Commission points out that wealth can be wisely used. Nordic countries, for example, have followed policies that encouraged equality of benefits and services, full employment, gender equity and low levels of social exclusion.

### Solutions from beyond the health sector

Much of the work to redress health inequities lies beyond the health sector. According to the Commission's report, "Water-borne diseases are not caused by a lack of antibiotics but by dirty water, and by the political, social, and economic forces that fail to make clean water available to all; heart disease is caused not by a lack of coronary care units but by lives people lead, which are shaped by the environments in which they live; obesity is not caused by moral failure on the part of individuals but by the excess availability of high-fat and high-sugar foods." Consequently, the health sector – globally and nationally – needs to focus attention on addressing the root causes of inequities in health.

### Recommendations

The Commission made three overarching recommendations:

1. Improve daily living conditions, including the circumstances in which people are born, grow, live, work and age.
2. Tackle the inequitable distribution of power, money and resources – the structural drivers of those conditions – globally, nationally and locally.
3. Measure and understand the problem and assess the impact of action.

### Recommendations for daily living

Improving daily living conditions begins at the start of life. The Commission recommends that countries set up an interagency mechanism to ensure effective collaboration and coherent policy between all sectors for early childhood development, and aim to provide early childhood services to all of their young citizens. Investing in early childhood development provides one of the best ways to reduce health inequities. Evidence shows that investment in the education of women pays for itself many times over.

Billions of people live without adequate shelter and clean water. The Commission's report pays particular attention to the increasing numbers of people who live in urban slums, and the impact of urban governance on health. The Commission joins other voices in calling for a renewed effort to ensure water, sanitation and electricity for all, as well as better urban planning to address the epidemic of chronic disease.

Health systems also have an important role to play. While the Commission Report shows how the health sector cannot reduce health inequities on its own, providing universal coverage and ensuring a focus on equity throughout health systems are important steps.

The report also highlights how over 100 million people are impoverished due to paying for health care – a key contributor to health inequity. The Commission thus calls for health systems to be based on principles of equity, disease prevention and health promotion with universal coverage, based on primary health care.

### Distribution of resources

Enacting the recommendations of the Commission to improve daily living conditions will also require tackling the inequitable distribution of resources. This requires far-reaching and systematic action. The report foregrounds

a range of recommendations aimed at ensuring fair financing, corporate social responsibility, gender equity and better governance. These include using health equity as an indicator of government performance and overall social development, the widespread use of health equity impact assessments, ensuring that rich countries honour their commitment to provide 0.7% of their GNP as aid, strengthening legislation to prohibit discrimination by gender and improving the capacity for all groups in society to participate in policy-making with space for civil society to work unencumbered to promote and protect political and social rights. At the global level, the Commission recommends that health equity should be a core development goal and that a social determinants of health framework should be used to monitor progress.

The Commission also highlights how implementing any of the above recommendations requires measurement of the existing problem of health inequity (where in many countries adequate data does not exist) and then monitoring the impact on health equity of the proposed interventions. To do this will require firstly investing in basic vital registration systems that have seen limited progress in the last thirty years. There is also a great need for training of policy-makers, health workers and workers in other sectors to understand the need for and how to act on the social determinants of health.

The full Commission Report is available in English, Spanish, French, Russian, Arabic, and Chinese at [http://www.who.int/social\\_determinants/final\\_report/](http://www.who.int/social_determinants/final_report/)

### LANCET SPECIAL EDITION ON PRIMARY HEALTH CARE

The Lancet published a special edition on Primary Health Care on September 13th.

The lead editorial, called “A Renaissance in Primary Health Care”, and an article by WHO Director General, Dr Margaret Chan, entitled “A Return to Alma Ata” described the reasons for the renewed interest in and invigoration of primary health care as a means of improving health systems and people’s health.

The special edition includes a viewpoint article by Wonca President Chris van Weel, Wonca President-elect Rich Roberts and Professor Jan De Maeseneer of Ghent University, Belgium on the integration of personal and community health care. They call for a renewed emphasis on integrating the personal care and public health systems in order to achieve improved population health.

The special edition also included an article, coauthored by Wonca Executive and Liaison to the WHO, Professor Michael Kidd, which reviewed efforts from around the world on improving the prevention and management of chronic disease in low-income and middle-income countries: a priority for primary health care.

The full contents of the Lancet Special Issue on Primary Health Care are available at:

[http://www.thelancet.com/journals/lancet/full?issue\\_key=So140-6736\(08\)X6039-8](http://www.thelancet.com/journals/lancet/full?issue_key=So140-6736(08)X6039-8) and posted on the Wonca web at: [www.GlobalFamilyDoctor.com](http://www.GlobalFamilyDoctor.com)

### ASIA PACIFIC FAMILY MEDICINE JOURNAL

Asia Pacific Family Medicine, the official journal for the Asia Pacific Region of WONCA, has moved to BioMed Central’s publishing platform. BioMed Central, the world’s largest publisher of open access journals, will allow authors publishing in Asia Pacific Family Medicine to disseminate

their research to the widest possible global audience.

Asia Pacific Family Medicine is an open access, peer-reviewed, online journal, which aims to provide a forum for the dissemination of high quality regional research and to enhance the standards of family medicine by focusing on best practice. The journal welcomes practical, relevant articles covering the broad range of interests within the field of family medicine.

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Asia Pacific Family Medicine is now accepting submissions. Submit your manuscript via our online submission system. For more information about the journal, contact [editorial@apfmj.com](mailto:editorial@apfmj.com) or visit our journal website.

Lyn Clearihan  
Tai Pong Lam  
Zorayda Leopando  
The Editors-in-Chief  
Asia Pacific Family Medicine

**WONCA CONFERENCES 2009 – 2013 AT A GLANCE**

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

\*\*Wonca Direct Members enjoy lower conference registration fees

See Wonca Website [www.GlobalFamilyDoctor.com](http://www.GlobalFamilyDoctor.com) for updates & membership information

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

**GLOBAL MEETINGS FOR THE FAMILY DOCTOR**

**WONCA WORLD AND REGIONAL CONFERENCE CALENDAR**

**Wonca North American Regional Meeting, Puerto Rico 2008**

Host: Wonca North American Region (in conjunction with 36th North American Primary Research Group (NAPRG) meeting)  
 Date: 15-19 November 2008  
 Location: Rio Grande, Puerto Rico  
 Venue: Wyndham Rio Del Mar Beach Resort & Spa  
 Contact: Dr. Alain Montegut, Wonca North America Region President  
 Angela Broderick, NAPCRG Executive Director  
 Tel: 800-274-2237, ext 5406 (NAPCRG)  
 Email: Alain.Montegut@bmc.org (Wonca North America Region)  
 abroderick@stfm.org (NAPCRG)  
 Web: www.napcr.org

**Wonca Africa Regional Conference, Johannesburg 2009**

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

**Wonca Iberoamericana-CIMF Regional Conference, Puerto Rico 2009**

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

**Wonca Asia-Pacific Regional Conference, Hong Kong 2009**

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

**Wonca Europe Regional Conference, Basel, Switzerland 2009**

Host: Swiss Society of General Medicine SSMG/SGAM  
 Theme: The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty  
 Date: 16 - 19 September 2009  
 Venue: Congress Center Basel, Switzerland  
 Contact: Dr Bruno Kissling  
 Chair Host Organizing Committee  
 Swiss Society of General Medicine SSMG/SGAM  
 Elfenauweg 6,  
 CH-3006 Bern  
 Switzerland  
 Tel: 0041 352 48 50  
 Fax: 0041 352 28 84  
 Email: bruno.kissling@hin.ch  
 Web: www.woncaeurope2009.org

**19th Wonca World Conference, Cancun 2010**

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

**Wonca Europe Regional Conference, Malaga, Spain 2010**

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



**MEMBER ORGANIZATION AND RELATED MEETINGS**

**36th NAPCRG Annual Meeting, Puerto Rico 2008**

Host: North American Primary Research Group (NAPRG)  
 Date: 15-19 November 2008  
 Location: Rio Grande, Puerto Rico  
 Venue: Wyndham Rio Del Mar Beach Resort & Spa  
 Contact: Angela Broderick, NAPCRG Executive Director  
 Tel: 800-274-2237, ext 5406  
 Email: abroderick@stfm.org  
 Web: www.napcr.org

**1st International Second Life Conference on Family Medicine, (XXVIII Conference of Spanish Society of Family and Community Medicine), Spain 2008**

Host: The Spanish Society of Family and Community Medicine (SEMFYC)  
 Theme: "Always with the patients"  
 Date: November 19-23, 2008  
 Venue: "Isla de la Salud" Semfyc Island Madrid, Spain  
 Contact: Carmen Moliner Prada, Chair Host Organising Committee Semfyc Congresos C/ del Pi, 11 - 2ª Pl., Of. 13 08002 Barcelona. Spain.  
 Language: Spanish/ English  
 Tel: 0034 93 317 71 29  
 Fax: 0034 93 318 69 02  
 Email: congresos@semfyc.es  
 Web: congreso2008.semfyc.gatewaysc.com/index.cfm?nav\_id=339

**The College of Family Physicians of Canada Family Medicine Forum, Toronto 2008**

Date: November 27-29, 2008  
 Venue: Sheraton Centre Toronto, Ontario  
 Contact: Michelle Gutkin Registration Coordinator The College of Family Physicians of Canada 2630 Skymark, Mississauga (ON), L4W 5A4  
 Tel: 1.800.387.6197 #800  
 Email: mg@cfpc.ca  
 Web: http://fmf.cfpc.ca

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

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

**RCGP Spring Conference, United Kingdom 2009**

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

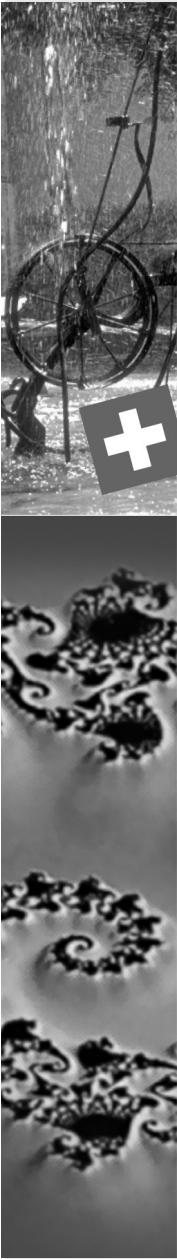
**The 18th European Academy of Teachers of General Practice (EURACT) Workshop, Bled Slovenia 2009**

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

**American Academy of Family Physicians (AAFP)**

**Annual Congress of Delegates and Scientific Assembly, Boston 2009**

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



# Wonca

E U R O P E

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# 2009

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conference

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

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

**ABSTRACTS:**

deadline 1 February 2009

**Fees: 500 € delegates**

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**320 € young doctors**

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**100 € students** (until 31 May 2009)

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CSMG  
SGAM

[www.woncaeurope2009.org](http://www.woncaeurope2009.org)

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**Journal Alerts en Espanol** – a new batch is posted at the beginning of each month  
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**Travel Alerts** – advice for you to give to your traveling patients  
**Online CME** – interactive programs, some with CME credits  
**Clinical Nutrition Updates** – a new topic is presented every three weeks  
**POEMs** – Patient-Oriented Evidence that Matters – a new POEM is posted twice a week  
**POEMs em Portugues** – a new one is posted twice a week  
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**EBMsources** – an appraisal of two evidence based medicine websites is posted every month  
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**Publications** – details of Wonca publications and Wonca News  
**Wonca Websites** – addresses of Member Organization and other Wonca websites  
**Global Resource Directory** – where you can record you international projects, and view others  
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# **WONCA 2009**

## **Asia-Pacific Regional Conference**

# **Building Bridges**

**4-7 June 2009**  
**Hong Kong**

### **Important Dates**

**December 31, 2008**

*On-line abstract submission deadline*

*Special discount deadline*

**February 28, 2009**

*Notification of abstract acceptance by email*

**March 30, 2009**

*Early bird registration deadline*

### **Keynote Speakers**

周一嶽局長

**Dr the Hon York Y N Chow, SBS, JP**

*Secretary for Food and Health Bureau of the HKSAR*

何大一博士

**Dr David Da-i Ho**

*The Aaron Diamond AIDS Research Center*

**Hong Kong Convention and Exhibition Centre**

### **Organizers**



**Wonca**

### **Conference Secretariat**

MV Destination Management Limited

Flat D, 8/F, Kim Tak Building, 328 Nathan Road, Jordan, Kowloon, Hong Kong

Tel: (852) 2735 8118

Fax: (852) 2735 8282

E-mail: [enquiry@wonca2009.org](mailto:enquiry@wonca2009.org)

<http://www.wonca2009.org>